Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000201933 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: THE ELITE CARRIER SERVICES OF MIAMITELO

Account Number : I20120000040

: (305)405-2600

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
|-------|----------|--|--|--|

COR AMND/RESTATE/CORRECT OR O/D RESIGN NETLINE LOVER TRUCKING INC

| Certificate of Status | 0 |
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C. CARROTHERS 8/16/2016

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COVER LETTER

| Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|
| NAME OF CORPORATION: NETLINE LOVER TRUCKING INC | | | | | | |
| DOCUMENT NUMBER: P15000074315 | | | | | | |
| | of Amendment and fee are su | ibmitted for filing. | | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | · | | | |
| | | | | | | |
| | | Name of Contact Person | | | | |
| NETLINE LOVER TRUCKING INC | | | | | | |
| | | Firm/ Company | | | | |
| | 1393 W 42 ST | • | | | | |
| | • | Address | | | | |
| HIALEAH,FL 33012 | | | | | | |
| | | City/ State and Zip Code | | | | |
| | | | | | | |
| | · | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| | | | | | | |
| For further information | on concerning this matter, pleas | se call: | | | | |
| RAMON OBREGOR | 1 | at (⁷⁸⁶ | 597-6821 | | | |
| Name | of Contact Person | Area Code | & Daytime Telephone Number | | | |
| Enclosed is a check for | or the following amount made | payable to the Florida Depart | iment of State: | | | |
| \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Am | iling Address endment Section | | nent Section | | | |
| | ision of Corporations | Division of Corporations | | | | |
| | . Box 6327 | Clifton Building 2661 Executive Center Cirole | | | | |
| Tallahassee, FL 32314 | | Tollahassee, FL 32301 | | | | |

Articles of Amendment to Articles of Incorporation of

| NETLINE LOVER TRUCKING INC | | | <u></u> | |
|--|--|--|---|----------------|
| (Name of Corp. | oration as currently f | lied with the Florida De | pt. of State) | |
| P15000074315 | | | | |
| (D | ocument Number of C | orporation (if known) | | |
| Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation: | lorida Statutes, this Flo | orida Profit Corporation | adopts the following a | mendment(s) to |
| A. If amending name, enter the new name of t | he corporation: | | | |
| | | | au | he new |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o | Corp," "Inc," or "Co | ". A professional corpo | porated" or the abbroration name must con | reviation: |
| B. <u>Enter new principal office address, if appli</u> (Principal office address <u>MUST BE A STREET</u> | cable: ADDRESS) | <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u> | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>e Box</u>) | | | |
| D. If amending the registered agent and/or re- new registered agent and/or the new regist | | ı in Florids, enter the n | ame of the | |
| | or o | | | |
| Nama of Naw Ragistarad Agent | | ~ | | |
| | | | | |
| | (Florida street | aaaress) | | |
| New Registered Office Address: | | | , Florida | |
| | . (Ci | 97 | (Zip Cod | <i>IA)</i> |
| New Registered Agent's Signature, if changing hereby accapt the appointment as registered ag | t Registered Agent: ant. I am familiar witi | a and accept the obligation | ons of the position. | |
| | | 1 | | |
| | Signature of New Reg | stered Agent, if changing | 3 | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President, V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | |
|-------------------------------|-------------|--------------|------------------|
| X Remove | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | VP | SUYLEN RUBIO | 1393 W 42 ST |
| Add | | | HIALBAH,FL 33012 |
| X Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | • | • | |
| 5) Change | ···· | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Damova | | | |

P- 006

| amending or adding additional Artitional Artitional Artitional sheets, if necessary). | (Be specific) | |
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| nn amendment provides for an exchorovisions for implementing the ame | inge, reclassification, or cancella diment if not contained in the an | <u>ition of issued shares.</u> nendment itself: |
| (if not applicable, indicate N/A) | , , , , , , , , , , , , , , , , , , , | |
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| 08/16/2016 |
|--|
| The date of each amendment(s) adoption:, if other than the date this document was signed. |
| Effective date if applicable: |
| (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval |
| by" (voting group) |
| (voting group) |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| 08/16/2016 |
| Dated |
| Signature (By a director, precident or other officer, — if directors as officers have not been |
| (b) a director, president of other of directors of others with not been |
| selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| ** |
| RAMON OBREGON |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |