

L12000054559

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H120001426173)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE ELITE CARRIER SERVICES OF MIAMI
Account Number : I20120000040
Phone : (305) 405-2600
Fax Number : (305) 405-2601

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

Email Address: _____

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2012 MAY 31 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRANS GLOBAL TRUCKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

12 MAY 31 AM 10:38

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TALLAHASSEE, FLORIDA

T. CLINE

JUN - 1 2012

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Help

EXAMINER

The Elite Carrier Services Of Miami

confidential
fax

To: **DIVISION OF CORPORATIONS**
Fax Number: +1 (850) 6176383

From: **Zoelyn Iglesias**
Fax Number:
Business Phone:
Home Phone:

Pages: 6
Date/Time: 5/31/2012 9:59:33 AM
Subject:

2012 MAY 31 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRANS GLOBAL TRUCKING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZOELYN IGLESIAS

Name of Person

THE ELITE CARRIER SERVICES OF MIAMI LLC

Firm/Company

6802 NW 77 CT

Address

MIAMI, FL 33166

City/State and Zip Code

ZOELYN@ELITECSOM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZOELYN IGLESIAS

Name of Person

at (305)

405-2600

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 31 AM 9:15

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRANS GLOBAL TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/23/2012 and assigned
Florida document number L12000054559.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

728 HUDSON VALLEY DR

KISSIMMEE, FL 34759

2012 MAY 31 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

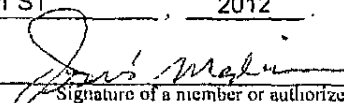
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AGUSTIN LOPEZ	728 HUDSON VALLEY DR KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2012 MAY 31 AM 8:16
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MAY 31 ST, 2012



Signature of a member or authorized representative of a member

JESUS MEDINA

Typed or printed name of signee