

OCT-24-2014 FRI 01:48 PM

FAX 305 405 2601

P.001

Division of Corporations

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**L12000054559**

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.**

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To:

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

From:

Account Name : THE ELITE CARRIER SERVICES OF MIAMI LLC  
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: \_\_\_\_\_

RECEIVED

14 OCT 24 PM 12:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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

Certificate of Status	0
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OCT 27 2014

A. LUNT

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Corporate Filing Menu

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FAX No. 3054052601

P.002

### 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:

Carlos Alberto Herrera

Name of Person

Carlos Alberto Herrera

Firm/Company

5750 COLLINS AVENUE # 14-A

Address

Miami Beach fl 33178

City/State and Zip Code

cherrera@okeeparking.com

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

For further information concerning this matter, please call:

Carlos A Herrera

at (786) 4128417

Name of Person

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

2014 OCT 24 PM 4:51  
FILED

**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 10/21/2014 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 "L.L.C."

Enter new principal offices address, if applicable:

Johana Margarita Cordoba

**(Principal office address MUST BE A STREET ADDRESS)**

10620 NW 123 RD # 101

Medley FL 33178

Enter new mailing address, if applicable:

10620 NW 123 RD # 101

**(Mailing address MAY BE A POST OFFICE BOX)**

Medley FL 33178

**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:

Johana Margarita Cordoba

New Registered Office Address:

10620 NW 123 RD # 101

Enter Florida street address

MEDLEY

City

Florida 33178

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Johana Margarita Cordoba	10620 NW 123 RD Bay # 101	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
P	Carlos Alberto Herrera	5750 COLLINS AVENUE # 14A	<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

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/21/2014 , FL

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Carlos Alberto Herrera

\_\_\_\_\_  
Typed or printed name of signer

FILED  
2014 OCT 24 PM 4:57  
FRI OCT 24 2014  
CLERK OF COURT  
CLERK OF COURT