Division of Corporations

Page 1 of 2

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.

(((H17000182036 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE ELITE CARRIER SERVICES OF MIAMI LLC

Account Number : 120170900340

Phone : (305)405-2600 Fax Number : (305)405-2601

**Enter the email address for this business entity to be used for fature N er the email address for this business ended to be be as annual report mailings. Enter only one email address please.



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

Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

COVER LETTER

SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please retuin all correspon	adence concerning this matter to	the following:	
	JENNY MEDINA		
		Name of Person	
	THE ELITE CARRIER SEI	RVICES OF MIAMI LLC	
		Firm/Company	
	12060 NW SOUTH RIVER	.DR	
		Address	
	MEDLEY, FL 33178		·
		City/State and Zip Code	
	YMEDINA@ELITECSOM.	COM o be used for future annual report notific	ratuan)
			audiny
For further information of	concerning this matter, please ca	HI.	
JENNY MEDINA		305 4052600 at (Telephone Number
Name (of Person	Area Code Daytimo	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	12 \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is ericlosed
MAII	LING ADDRESS:	STREET/COURI	

Registration Section
Division of Corporations
P.O. Box 6327

Taliahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUDY INVESTMENTS LLC						
(Name of the Limited	Liability Compat Florida Limited L	ny as it now appears inbility Company)	on our records.)			
The Articles of Organization for this Limited Lial Florida document number L13000043429	bility Company	were filed on <u>03/</u>	2,2/2013	and ass.	igned	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of	he limited liab	llity company he	<u>re</u> :			
The new name must be distinguishable and contain the wo	rds "Limited Liabi!	lity Company," the d	esignation "LLC" or the	abbreviation "L.	L.C."	_
		149) FIELDVII		$\Sigma_{\mathbb{R}}$	281	
Enter new principal offices address, if applica		JACKSONVILI	LE FL 32225	5.1	7	
(Principal office address MUST BE A STREET	MINICOLON			3-32	<u>~</u>	Carry.
				102	\sim	
Enter new mailing address, if applicable:		1491 FIELDVIEW DR			<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)	JACKSONVIL	LE FL 32225		က	
finance damess MAX and MAX Co.				<u>=</u>	ယ က	
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered () Nee address her	office address or re:	1 our records, <u>ent</u> e	er the name	of the	<u>e new</u>
Name of New Registered Agent:		_				—
New Registered Office Address:	1491 FIELDVIEW DR					
TVC. AVSIDED VALVE STATE	Enter Florida street address					
	JACKSONVII		, Florida	32225 Zip Code		<u> </u>
		City		Lip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	RUDY SARDINAS	1491 FIELDVIEW DR	Add
		JACKSONVILLE FL 32225	☐ Remove
			■ Change
			□ Add
			□ Remove
			El Change
			□ Aċd
			Remove
			☐ Change
			Add
			□ Remove
			[] Change
			□ Add
			Remove
			Charles
			D'Addi
			Chânge
			Change

			···				
-							
							-
			, ,				_
		<u></u>					
					,		-
					<u> </u>		-
_			<u></u> -				_
							_
							_
					·· <u>·</u>		
F ffortive	date, if other than I	he date of filb	07/12/2017 ng:		(opti	ional)	35 020
Notal It	the date is listed, the date the date inserted in this t's effective date on the	INDUK GOES HOL	1.10 of dia uppron		re than 90 days after requirements, thi	r filing.) Pursuant to ou is date will not be lis	sted a
	rd specifies a dela	and offective	date but no	t an effective ti	me, at 12:01	a.m. on the ear	ller (
ne recor The 90	oth day after the r	ecord is filed	1.	•			
	JLY 12TH		2017				
Dated	The Ast 1	7	_,	<u> </u>			
		_			 ~~		
	- 	Signature of	n member or author	orized representative	of a member	_	
	T					ر با میشد	N-3
	RUDY SARDINAS						9
	RUDY SARDINAS		Typed or print	ed name of signed			1817 JU
	RUDY SARDINAS					~.	2817 JUL 1
	RUDY SARDINAS		Page	ed name of signee e 3 of 3		~.	1017 JUL 12