P. 001

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.

(((H130002610273)))



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 : I20120000040

: (305)405-2600

Phone 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:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LTG TRUCKING LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

NOV 2 7 2013

EXAMINER

11/26/2013

FAX No. 3054052801

#### COVER LETTER

TO:

Registration Section Division of Corporations

CUDIROT

LTG 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:

LUIS T GARRIDO

Name of Person

LTG TRUCKING LLC

Firm/Company

711 WINDSOR AVE

Address

FORT PIERCE, FL 34982

City/State and Zip Code

TAIMIRGARRIDO@YAHOO.COM

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

For further information concerning this matter, please call:

LUIS T GARRIDO

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 Q\$55.00 Piling Fee & Certified Copy (additional copy is enclosed) U\$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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		CKING LLC	
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on 05/02/2013	and assigned
Florida document number L1300006447	7		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		7 3
Enter new mailing address, if applicable:		711 WINDSOR AVE	12.26 13.86
(Malling address MAY BE A POST OFFICE	BOX)	FORT PIERCE, FL 34982	
	· · · · · · · · · · · · · · · · · · ·		<u>.</u>
B. If amending the registered agent and registered agent and/or the new registered of	/or registered of ffice address her	fice address on our records, <u>enter th</u> e:	e name of the nev
		<del>-</del>	
Name of New Registered Agent:	LUIS T GA	ARRIDO	
New Registered Office Address:	711 WIND	SOR AVE	
		Enter Florida street addr	
	FORT PIE	, FJOXIGA	982
		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

Page 1 of 3

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>	Address	Type of Action
MGR	ALEXEY GALDO	711 WINDSOR AVE	Add
		FORT PIERCE FL 34982	Remove
MGR	LUIS T GARRIDO	711 WINDSOR AVE	Add
		FORT PIERCE FL 34982	Remove
MGRM	LUIS T GARRIDO	711 WINDSOR AVE	
		FORT PIERCE FL 34982	Remove
			Add Remove
			Add Remove
			Add

D. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
ated NOVEMBI	ER 26 2013
	v III
<del></del>	Signature of a member or authorized representative of a member
	' ' ĻŪIS T GARRIDO
A	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

TALI

2513 NOT 26 AM 9: 48