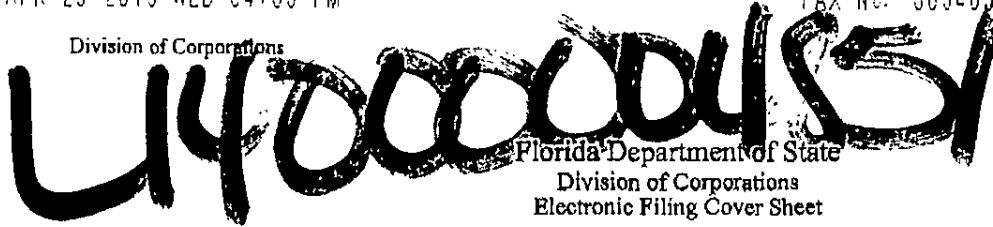


Division of Corporations

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.

(((H15000105225 3)))



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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 : 120120000040  
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: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JEREMY TRANSPORT LLC

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

EFFECTIVE DATE

4/29

Electronic Filing Menu

Corporate Filing Menu

Help

APR 30 2015  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JEREMY TRANSPORT 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:

JENNY MEDINA

Name of Person

THE ELITE CARRIER SERVICES OF MIAMI LLC

Firm/Company

12060 NW SOUTH RIVER DR

Address

MEDLEY, FL 33178

City/State and Zip Code

ymedina@elitecsom.com

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

For further information concerning this matter, please call:

JENNY MEDINA

at ( 305 ) 405-2600

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
15 APR 29 PM 10:18  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JEREMY TRANSPORT 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 01/09/2014 and assigned  
Florida document number L14000004851.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10431 OLD CUTLER RD 201

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33190

Enter new mailing address, if applicable:

10431 OLD CUTLER RD 201

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33190

**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:

KEILA MORENO

New Registered Office Address:

10431 OLD CUTLER RD 201

*Enter Florida street address*

MIAMI

, Florida 33190

*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 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.*

Keila Moreno

**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

| <u>Title</u> | <u>Name</u>  | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|--------------|-------------------------|--|
| P            | KEILA MORENO | 10431 OLD CUTLER RD 201 | <input type="checkbox"/> Add               |
|              |              | MIAMI FL 33190          | <input type="checkbox"/> Remove            |
|              |              |                         | <input checked="" type="checkbox"/> Change |
|              |              |                         | <input type="checkbox"/> Add               |
|              |              |                         | <input type="checkbox"/> Remove            |
|              |              |                         | <input type="checkbox"/> Change            |
|              |              |                         | <input type="checkbox"/> Add               |
|              |              |                         | <input type="checkbox"/> Remove            |
|              |              |                         | <input type="checkbox"/> Change            |
|              |              |                         | <input type="checkbox"/> Add               |
|              |              |                         | <input type="checkbox"/> Remove            |
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|              |              |                         | <input type="checkbox"/> Remove            |
|              |              |                         | <input type="checkbox"/> Change            |

FILED  
APR 29 2015  
MID 16

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

2

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APR 29 1968

E. Effective date, if other than the date of filing: 04/29/2015 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 04/29/2015 \_\_\_\_\_,

x Pro Murt  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

YSIS MORENO JR

Typed or printed name of signee