

L4000047965

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 : 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
J.N.D. TRUCKING LLC

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

15 MAR 30 AM 10:00

DEPARTMENT OF REVENUE
BUREAU OF CORPORATE
INFORMATION SERVICES

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR-28-2015 SAT 12:47 PM

FAX No. 3054052601

P. 004

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J N D 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:

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:

CARLOS H DAMAS

Name of Person

305

307-2104

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

JND 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 03/26/2014 and assigned
Florida document number L14000049966

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:

3450 SACRAMENTO WAY

(Principal office address MUST BE A STREET ADDRESS)

NAPLES FL 34105

Enter new mailing address, if applicable:

3450 SACRAMENTO WAY

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES FL 34105

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

City

Florida

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

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major registered office address
and/or registered office address

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P. 006

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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P. 007

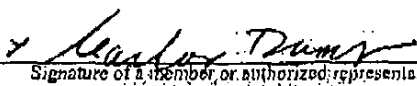
Page 2 of 3

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

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 03/27/2015


Signature of a member or authorized representative of a member

CARLOS H DAMAS

Typed or printed name of signee

or change (attach here)

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Filing Fee: \$25.00

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