

# L14000049965

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 : 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: \_\_\_\_\_

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

15 APR 29 PM 12:20

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
J.N.D. TRUCKING LLC

EFFECTIVE DATE  
4-29-15

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

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

15 APR 29 AM 10:00

FILED

Electronic Filing Menu Corporate Filing Menu Help

**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@elitesom.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  
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.N.D. TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

FILED 15 APR 29 PM 12:20 TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/26/2014 and assigned Florida document number L14000049965

This amendment is submitted to amend the following:

EFFECTIVE DATE 4-29-15

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: 237 NW 10 AVE APT 1 MIAMI FL 33128 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 237 NW 10 AVE APT 1 MIAMI FL 33128 (Mailing address MAY BE A POST OFFICE BOX)

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: CARLOS H DAMAS

New Registered Office Address: 237 NW 10 AVE APT 1

Enter Florida street address

MIAMI, Florida 33128 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.

[Handwritten signature of Carlos H. Damas]

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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

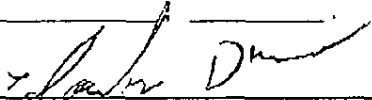
**D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)***

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**E. Effective date, if other than the date of filing: 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

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

CARLOS H DAMAS  
\_\_\_\_\_  
Typed or printed name of signer