

L1400049965
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.

((H16000115023 3))



H160001150233ABCT

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
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

2016 MAY -9 PM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY -9 A 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY-09-2016 MON 03:51 PM

MARQUIS RESIDENCES

FAX No. 3053581202

P.002

Division of Corporations

Page 2 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY -9 A 9:20

FILED

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, FLORIDA, 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

305 405-2600
at () Area Code Daytime Telephone Number

Name of Person

FILED
2016 MAY -9 A 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JIN D 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 MAY 9TH, 2016 and assigned
Florida document number L14000049965

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:

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

Florida

City

TALLAHASSEE
SECRETARY OF STATE
2016 MAY -9 A 9:24

FILED

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS H DAMAS	3450 SACRAMENTO WAY	<input type="checkbox"/> Add
		NAPLES FL 34105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SECRETARY	CARLOS H DAMAS	3450 SACRAMENTO WAY	<input checked="" type="checkbox"/> Add
		NAPLES FL 34105	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE DE ABREU	3450 SACRAMENTO WAY	<input checked="" type="checkbox"/> Add
		NAPLES FL 34105	<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
			<input type="checkbox"/> Change

REC'D
MAY 11 - 9 A
TALLAHASSEE, FLORIDA

FILED

