L14000114397

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SECRETARY OF STATE
ALL ASSET, FLORID

AUG 1 3 2015 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Elite Transport System Name of Limited Liability Comp	any
The enclosed Articles of Amendment and fee(s) are submitted for filing.	ı
Please return all correspondence concerning this matter to the following:	
Name of Per	rson
Elite Transport	Systems
13300 Atlantic 3	Blud., Sn:te 616
Jacksonnille FL City/State and Z	32225 ip Code
Saleslae litetransp E-mail address: (to be used for future	otsystems.com e annual report notification)
For further information concerning this matter, please call:	
Name of Person at (6) 2	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee 11: \$30.00 Filing Fee & S55.00 Filing Certificate of Status Certified Contained Containe	

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

Elite I ransp	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	, ,
Florida document number <u>L1400011439</u>	<u></u>
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	
Enter new mailing address, if applicable:	5 AUG 12 SECRETAR ALLIAHASS
(Mailing address MAY BE A POST OFFICE B	ox)
<u> </u>	FLORE 3
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	Troy Hall
New Registered Office Address:	13300 Attantic Blvd., Suite 616 Enter Florida street address
	Jacksonville, Florida 3225 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.

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:

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective da	date is listed, the date r	must be specific ar	nd cannot be prior t	to date of filing or mo	re than 90 days after fi	iling.) Pursuant to 60:	5.020
an effective	سنباء سناسمه سنحوسا حفمات	Department of	State's records.	ible statutory filing	requirements, this	date will not be list	ted a
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Filing Fee: \$25.00