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| (Address)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: | MAIL              |             |
| (Ru  | siness Entity Nan | ne)         |
| (50  | omeos Emily Han   |             |
| (Do  | cument Number)    |             |
| Certified Copies   | _ Certificates    | s of Status |
| Special Instructions to  | Filing Officer:   |             |
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SECRETARY OF STATE
ALLAHASSEE, FIORESIA

JUN 0 3 2015 Y SULKER

## Amending Articles of Organization of LLC Cover Letter

Name: Johnathan White/Lane Hilliard

Daytime Phone: 906-201-2564

Return Address: 6011 Peninsular Ave

Key West, FL 33040

## **COVER LETTER**

| Divi           | ision of Corp   | oorations                                    |   |   |
|----------------|-----------------|--|---|---|
| SURJECT:       | Elite Transp    | ort and Holding llc                          |   |   |
| SOBILCI,       |                 | Name of Limit                                | ted Liability Company   |   |
| The enclosed   | l Articles of / | Amendment and fee(s) are subm                | nitted for filing.  |   |
| Please return  | all correspor   | ndence concerning this matter t              | o the following:  |   |
|                |                 | Johnathan White                              |   |   |
|                |                 |  | Name of Person  |   |
|                |                 | Elite transport and holding                  | lle   |   |
|                |                 |  | Firm/Company  |   |
|                |                 | 6011 peninsular ave                          |   |   |
|                |                 |  | Address   |   |
|                |                 | key west, fl 33040                           |   |   |
|                |                 |  | City/State and Zip Code   |   |
|                |                 | whitejoh000@hotmail.com                      | o be used for future annual report notifi                           |   |
|                |                 |  | ·   | cation)   |
| For further in | nformation co   | oncerning this matter, please ca             | 11:   |   |
| Johnathan W    | /hite           |  | 906 201-2564  |   |
|                | Name of         | Person                                       | at () Area Code Daytime   | Telephone Number  |
| Enclosed is a  | ı check for th  | e following amount:                          |   |   |
| □ \$25.00 F    | iling Fee       | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

TO:

**Registration Section** 

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 Transport And Holding LLC   |  |  |                                     |                                      |
|---|--|--|-------------------------------------|--------------------------------------|
| ( <u>Name of the Limited Liabil</u><br>(A Florid  | <b>ility Company a</b><br>da Limited Liabi     | is it now appears on o<br>ility Company) | ur records.)                        |                                      |
| he Articles of Organization for this Limited Liability (  | Company we                                     | re filed on                              | 5                                   | and assigned                         |
| orida document number 115000017252  | ·  |  |                                     |                                      |
| his amendment is submitted to amend the following:  |  |  |                                     |                                      |
| . If amending name, enter the new name of the lin   | mited liability                                | y company here:                          |                                     |                                      |
| &J's Quality Fisheries, LLC   |  |  |                                     |                                      |
| ne new name must be distinguishable and contain the words "Lin  | imited Liability (                             | Company," the designa                    | ition "LLC" or the a                | bbreviation "L L C."                 |
| Inter new principal offices address, if applicable:   |  |  |                                     |                                      |
| Principal office address MUST BE A STREET ADD   | ORESS)   |  |                                     |                                      |
|   | <del></del>                                    |  |                                     |                                      |
|   |  |  |                                     |                                      |
| nter new mailing address, if applicable:  | <del></del>                                    |  |                                     | *****                                |
| Mailing address MAY BE A POST OFFICE BOX)   | _  |  |                                     |                                      |
|   | _  |  |                                     |                                      |
|   |  |  | _                                   |                                      |
| B. If amending the registered agent and/or regingles are agent and/or the new registered office adentations.  |  | e address on our                         | records, enter                      | the name of the                      |
| egistered agent and/or the new registered office add  | turess nere.                                   |  |                                     |                                      |
| Name of New Registered Agent:   |  |  |                                     |                                      |
|   |  |  |                                     |                                      |
| New Registered Office Address:  |  | Enter Florida sti                        | root address                        | ~ N                                  |
|   |  | Differ Frontia so                        |                                     |                                      |
|   |  | City                                     | , Florida                           | Je in Care                           |
| our Danistanad Agant's Comptume if alamain Business   |  | City                                     |                                     | 15 25 L                              |
| ew Registered Agent's Signature, if changing Register   |  |  |                                     |                                      |
|   | et and agree t                                 | to act in this cana.                     | city. I further as                  | gree to comply with                  |
| rovisions of all statutes relative to the proper and c  | complete per                                   | rformance of my a                        | luties, and I am                    | familiar with and                    |
| hereby accept the appointment as registered agent<br>rovisions of all statutes relative to the proper and a<br>ccept the obligations of my position as registered a | complete per<br>agent as pro                   | rformance of my a<br>vided for in Chapt  | luties, and I am<br>er 605, F.S. Or | familiar with and<br>This degument i |
| rovisions of all statutes relative to the proper and c  | complete per<br>agent as pro<br>red office add | rformance of my a<br>vided for in Chapt  | luties, and I am<br>er 605, F.S. Or | familiar with and<br>This degument i |

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

| Title       | <u>Name</u>                       | Address                | Type of Action  |
|-------------|-----------------------------------|------------------------|-----------------|
| CEO         | Cory Daniel Camp                  | 709 SW 9th Street      | ☐ Add           |
|             |                                   | Delray Beach, FL 33444 | <b>■</b> Remove |
|             |                                   |                        | ☐ Change        |
| CEO         | Michael Lane Christopher Hilliard | 19 El Monte Lane       | ■ Add           |
|             |                                   | Key West, FL 33040     | ☐ Remove        |
|             |                                   |                        | Change          |
|             |                                   |                        | Add             |
|             |                                   |                        | ☐ Remove        |
|             |                                   |                        | ☐ Change        |
| <del></del> |                                   |                        | Add             |
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| fective date, if other th   | an the date of filing | g:                  |                 | (optional     | )                |             |
| on effective date is listed, the conterment of the conterment of the date inserted in | this block does not m | neet the applicable |                 |               |                  |             |
| ocument's effective date or   | the Department of St  | tate's records.     |                 |               |                  |             |
|   |                       |                     |                 |               | 20 <u>1</u>      |             |
| record specifies a de   |                       | ate, but not an     | effective time, | at 12:01 a.m. |                  | er <u>o</u> |
| The 90th day after th   | ie record is filed.   |                     |                 |               | AHASS<br>NETAN   |             |
| , May 26  |                       | 2015                |                 |               |                  | -           |
| ated  | <del></del>           | 2013                |                 |               | m                |             |
|   |                       | <i>V</i> /          | /               |               | 1 1: 52<br>STATE | 1           |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00