

FEB-08-2016 FR 12:35 PM

Division of Corporations

MARQUIS RESIDENCY

FAX No. 3033581202

P.001

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H16000021641 3)))



H160000216413ABC

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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: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RCG TRANSPORT SERVICES LLC

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

** PLEASE PROCESS * THIS IS THE THIRD TIME **

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Corporate Filing Menu

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TRANSACTION REPORT

JAN-26-2016 TUE 05:21 PM

TX (MEMORY)

#	DATE	START TM	RECEIVER	COM TIME	PGS	TYPE/NOTE	DEPT	FILE
1	JAN-26	05:19 PM	918508176383	0:01:18	7	SGS OK		830
TOTAL				0:01:18	7			

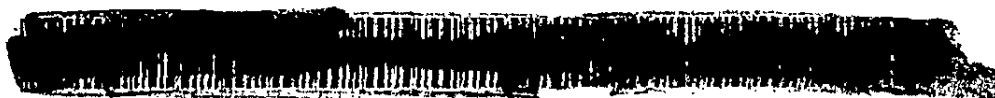
Division of Corporations

Page 1 of 2

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H160000216413ABCV

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Certificate of Status	0
Certified Copy	0

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RCG TRANSPORT SERVICES 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

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:

JENNY MEDINA

305 4052600
at ()

Name of Person

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**

RCQ TRANSPORT SERVICES 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 01/19/2016 and assigned
Florida document number L16000012967.

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RINALDO GARCIA JR	6281 THOMAS ST	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33024	<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"/> Remove
			<input type="checkbox"/> Change

2016 JAN 20 PM 6:25
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FLORES

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

2016 JAN 26 PM 6:25
CITY OF BOSTON
ITALYAN ST. NORTH

E. Effective date, if other than the date of filing: 01/26/2016 (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.

(b) The 90th day after the record is filed.

Dated JANUARY 26 2016

Signature of a member or authorized representative of a member

CARMEN L ORTEGA

Typed or printed name of signee