

JUN-17-2016 FRI 11:54 AM

THE ELITE CARRIER

FAX No. 3054052601

P. 001

Division of Corporations

Page 1 of 2

*Please use original Submittal 06/13/2016*  
**U60001438573**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
*Thank you*

**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.**

((H16000143857 3)))



H160001438573ABC2

**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  
ALL USA AUTO TRANSPORT LLC**

2367

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

EFFECTIVE DATE

JUN 20 2016

**S. YOUNG**

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 13 AM 8:37

RECEIVED  
16 JUN 17 PM 12:18  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JUN-17-2016 FRI 11:55 AM

THE ELITE CARRIER

FAX No. 3054052801

P. 002

P. 01

## TRANSACTION REPORT

JUN-13-2016 MON 11:50 AM

TX (MEMORY)

S	DATE	START TM	RECEIVER	COM TIME	PGS	TYPE/NOTE	DEPT	FILE
1	JUN-13	11:49 AM	AMNDZ AMENDMENT	0:00:48	4	305 OK		263
TOTAL				0:00:48	4			

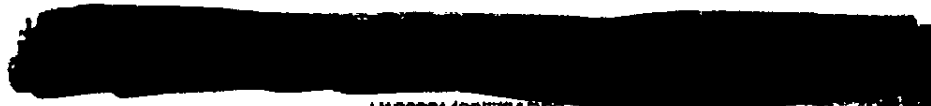
Division of Corporations

Page 1 of 2

**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.**

(((H16000143857 3)))



H160001438573A8C2

**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  
ALL USA AUTO TRANSPORT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 13 AM 8:37

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALL USA AUTO TRANSPORT 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:

SUYLEN RUBIO

Name of Person

THE ELITE CARRIER SERVICES OF MIAMI

Firm/Company

12060 NW S RIVER DR

Address

12060 NW S RIVER DR

City/State and Zip Code

MEDLEY, FL 33178

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUYLEN RUBIO

at 305 405-2600

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 13 AM 8:37

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	JULIO C PALAU	65 SW 18 AVE	<input type="checkbox"/> Add
		HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDRES F MALDONADO	14007 GASPARILLA ISLE DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32824	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 JUN 13 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALL USA AUTO TRANSPORT 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 04/29/2016 and assigned  
Florida document number L16000084756

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)

14007 GASPARILLAISLE DR

ORLANDO, FL 328247

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14007 GASPARILLAISLE DR

ORLANDO, FL 328247

**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: ANDRES F MALDONADO RAMIREZ

New Registered Office Address: 14007 GASPARILLAISLE DR

Enter Florida street address

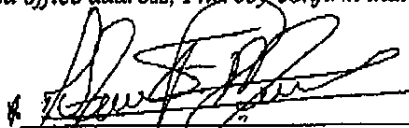
ORLANDO, Florida 32824

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 17 AM 8:37

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


FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 JUN 13 AM 8:37

**E. Effective date, if other than the date of filing:** 06/13/20016 (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 JUNE 13 1961

NE 13 \_\_\_\_\_ 16 \_\_\_\_\_  
 R. 512221   
 Signature of a member or authorized representative of a member

ANDRES F MALDONADO

Typed or printed name of signee