

JUN-09 2017 FRI 01:00 PM

THE ELITE CARRIER SERVICES, LLC

FA# 3054012601

P. 001

Division of Corporations

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L16000182602

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.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : THE ELITE CARRIER SERVICES OF FLORIDA, 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 annual report mailings. Enter only one email address please**

Email Address: _____

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M & L AUTO TRANSPORT, LLC

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

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Corporate Filing Menu

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THE ELITE CARRIER SERV

FAX No. 3054052601

P. 005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & L 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:

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

Name of Person

at (305) 4052600

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**

M & L 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 06/09/2017 and assigned
Florida document number L16000182602.

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: 295 E 2ND ST UNIT 101

(Principal office address MUST BE A STREET ADDRESS) HIALEAH FL 33010

Enter new mailing address, if applicable: 295 E 2ND ST UNIT 101

(Mailing address MAY BE A POST OFFICE BOX) HIALEAH FL 33010

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:

295 E 2ND ST UNIT 101

Enter Florida street address

HIALEAH

, Florida 33010

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

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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>
P	MICHEL SANCHEZ	295 E 2ND ST UNIT 101	<input type="checkbox"/> Add
		HIALBAH FL 33010	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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COUNTY OF
TALLAHASSEE
FLORIDA

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THE ELITE CARRIER SERV

FAX No. 3054052601

P. 008

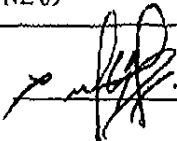
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 06/09/2017 (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 09, 2017



Signature of a member or authorized representative of a member

MICHEL SANCHEZ

Typed or printed name of signee