Division of Corporations

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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 MIAMI LLC

Account Number : I20120000040 : (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 H & S TRANSPORTATION LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|---|
| H & S TRA | Ansportation LLC | | |
| | · Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | JENNY MEDINA | | |
| | | Name of Person | |
| | THE ELITE CARRIER SE | ERVICES OF MIAMI LLC | |
| | | Firm/Company | |
| | 12060 NW SOUTH RIVE | R DR | |
| | | Address | |
| | MEDLEY, FL 33178 | | |
| | | City/State and Zip Code | |
| | YMEDINA@ELITECSOM | | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information of | concerning this matter, please co | ali: | |
| JENNY MEDINA | | 305 405-2600 at (| |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | S30.00 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

| H & S TRANSPORTATION LLC | | |
|--|--|--|
| (Name of the Limi | ted Liability Company as It now apport (A Florida Limited Liability Company | ears on our records.) |
| The Articles of Organization for this Limited I | iability Company were filed on | 10/31/2016 and assigned |
| Florida document number L16000200271 | | |
| This amendment is submitted to amend the fol | owing: | |
| A. If amending name, enter the new name of | of the limited liability company | <u>here</u> : |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the | e designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | able: | <u> </u> |
| (Principal office address MUST BE A STRE | T ADDRESS) | 90 4 |
| | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | A AA C |
| | | |
| | | 59 |
| B. If amending the registered agent and registered agent and/or the new registered of | | on our records, enter the name of the nev |
| Name of New Registered Agent: | MICHAEL REGALADO | |
| New Registered Office Address: | 103 RICHMOND AVE S | |
| The state of the s | Enter F | Florida street address |
| | LEHIGH ACRES | , Florida ³³⁹³⁶ |
| | 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

| Title | <u>Name</u> | Address | Type of Action |
|-------|------------------|-----------------------|-----------------------------|
| MGR | SHIRLBY CARVAJAL | 103 RICHMOND AVE S | |
| | | LEHIGH ACRES FL 33936 | ■ Remove |
| | | | ☐ Change |
| MGR | MICHAEL REGALADO | 103 RICHMOND AVE \$ | ≅ Add |
| | | LEHIGH ACRES FL 33936 | □ Remove |
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| Effective date, if other than the If an effective date is listed, the date must <u>Note:</u> If the date inserted in this blo document's effective date on the De | be specific and cannot be prior to ck does not meet the applicat | date of filing or more than 90 da | (optional) ys after filing.) Pursuant to 605, its, this date will not be liste | 0207 (3)(d as the |
| ne record specifies a delayed The 90th day after the reco | effective date, but not ord is filed. | an effective time, at 12 | ::01 a.m. on the earlie | rof: |
| Dated JANUARY 3RD | | - • | | |
| Shirley 6 | Carvajal Signatur of a meinber or author | | | |
| 1 | Signature of a member or author | zed representative of a member | | |

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