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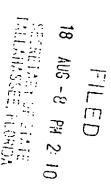
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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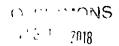
Office Use Only



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08/08/18--01315--005 **25.00





COVER LETTER

Div	ision of Cor	porations			
SUBJECT:		ANSPORT SOUTH, LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:	٠	
		Daniel Atelus			
			Name of Person		
		ELITE TRANSPORT SOI	UTH, LLC		
			Firm/Company		
	1660 NE 150TH STREET #209				
			Address		
		NORTH MIAMI, FL 3318	31		
			City/State and Zip Code		
		elitetransport@elitetranspor	rtnet.com to be used for future annual report notifi		
				cation)	
For further in	nformation c	oncerning this matter, please co	all:		
Daniel Atelo	18		305 902-9848 at ()		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	i check for th	ne following amount:			
■ \$25.00 F	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:

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 South, 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 _______05/01/2017 and assigned Florida document number $\frac{L17000096654}{L17000096654}$ 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 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

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
President	Coicou, Georges	1660 NE 150th Street #209 NORTH MIAMI, FL 33181	
			■ Remove
			Change
MGRM	Coicou, Georges	1660 NE 150th Street #209 NORTH MIAMI, FL 33181	
			☐ Remove
			Change
Manager	Louis, Johnny	3362 Forest Grove CT NW Acworth GA 30101	Add
		3362 Forest Grove CT NW	Remove -8 Change
President	Louis, Johnny	Acworth GA 30101	2:4dd 0
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			□ Change

	<u> </u>
	Sign of the contract of the co
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Effec	tive date, if other than the date of filing: (optional)
<u>Note</u>	ffective 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 (2) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	i
	Daniel Atalia Signature of a member or authorized representative of a member
	warm of the

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00