## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE FLITE CARRIER SERVICES OF MIAMI

Account Number : 120120000040

Phone : (305) 405-2600

Fax Number

: (305)405-2601

\*\*Enter the email address for this business entity to be used for Future annua) report mailings. Enter only one email address please.

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN G & V ELITE ACCOUNTING LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Ccrtified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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| TO: Registration<br>Division of | n Section<br>Corporations            |   |   |
|---------------------------------|--------------------------------------|---|---|
|                                 | V Elite Accounting LLC               | •   |   |
| SUBJECT:                        | Name of Limi                         | ted Linbility Company   |   |
| The enclosed Articles           | s of Amendment and fee(s) are sub-   | mitted for filing.  |   |
|                                 | espondence concerning this matter    |   |   |
|                                 | Maria V. Castell                     |   | <u></u>   |
|                                 |                                      | Name of Person  |   |
|                                 | The Elite Carrie                     | r Services of Miami LL0   | C   |
|                                 |                                      | Firm/Company  |   |
|                                 | 12060 NW Sout                        | h River Dr.   |   |
|                                 | .,                                   | Address   | <del></del>   |
|                                 | Medley, FL 3317                      | <b>7</b> 8  |   |
|                                 | h. N- ****                           | City/State and Zip Code   |   |
|                                 | vicky@elitecsom                      | 1.COM<br>to be used for future annual report notif                        | ication)  |
| For further informati           | on concerning this matter, please co |   | ·····,  |
| Maria V. Castellanos            |                                      | at ( 305) 405-260   | 00  |
| Na                              | mo of Person                         | Area Code Daytime   | e Telephono Numbur  |
| Enclosed is a check             | for the following amount:            |   |   |
| (№ \$25.00 Filing Fe            | Certificate of Status                | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Pee, Certificate of Status & Certified Copy (midditional copy is enclosed) |
| Mailing Ad<br>Registrati        | ldress:<br>on Section                | Street Address:<br>Registration Sec                                       |   |
| Division                        | of Corporations                      | Division of Cor<br>The Centre of T  |   |

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| G & V Elite Accounting L   | LC.   |                            |                   |          |             |
|--|---|----------------------------|-------------------|----------|-------------|
| (Name of the Limited   | Linblity Company as it now appear<br>Florida Limited Liability Company) | rs on our records.)        |                   |          |             |
| The Articles of Organization for this Limited Liab Florida document number <u>L18000027451</u>   |   |                            | and assig         | gned     |             |
| This amendment is submitted to amend the follow  | ing:  |                            |                   |          |             |
| A. If amonding name, enter the new name of the   | ic limited liability company h  | erc:                       |                   |          |             |
| The new name must be distinguishable and contain the work  |   | designation "LLC" or the a | blueviation "L.L. | .C."     |             |
| Enter new principal offices uddress, if applicab<br>(Principal office address MUST BE A STREET)  |   |                            |                   |          | •           |
| Trincipal office dataess mont BE 119. 11005  |   |                            |                   | _        | _           |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BO            | <u></u>   |                            | - Acc             | 2020     | -           |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address | dstered office address on our<br>here:                                  | records, enter the na      | ne of the new     | rogisto  | ered<br>Frj |
| Name of New Registered Agent:  New Registered Office Address:                                    | The Elite Carrier Se  |                            | LLCRA             | 25<br>25 | _ 🗀<br>-    |
|  | Medley  | , Florida _                | 33178<br>Zlp 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 Mentified Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

| <u> Fitle</u>    | Nume          | Address                             | Type of Action |
|------------------|---------------|-------------------------------------|----------------|
| MGR <sub>.</sub> | Yadina Vargas | 17542 NW 87TH PL. Hialeah, FL 33018 | ] IXAdd        |
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Filing Fee: \$25.00