

**H190001985874**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 611-6383

From: Account Name : THE ELITE CARRIER SERVICES OF MIAMI LLC  
Account Number : 120120000040  
Phone : (305) 405-2600  
Fax Number : (305) 405-2601

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

19 JUN 26 1:03:00

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
3RD HEAVEN TRUCKING LLC

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JUN 27 2019  
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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3RD HEAVEN TRUCKING 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:

LIDIANIS MILLAR  
Name of Person

THE ELITE CARRIER SERVICES OF MIAMI  
Firm/Company

12060 NW SOUTH RIVER DRIVE  
Address

MEDLEY, FL 33178  
City/State and Zip Code

LMILLAR@ELITECSOM.COM  
E-mail address: (to be used for future annual report notification)

2019 JUN 26 PM 4:49  
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 AND  
 FILED

For further information concerning this matter, please call:

LIDIANIS MILLAR      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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3RD HEAVEN TRUCKING 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 06/26/2019 and assigned Florida document number 1,19000008574.

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 "L.L.C." or the abbreviation "L.L.C."*

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*

\_\_\_\_\_  
City

\_\_\_\_\_, Florida

\_\_\_\_\_  
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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AND  
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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>
MGR	ANDRELIANA F CAMPOS	372 AMBOY AVE	<input type="checkbox"/> Add
		KEYPORT, NJ 07735	<input type="checkbox"/> Remove
			<input checked="" 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"/> Change

2019 JUN 26 11 4:50 AM

APPROVED AND FILED

