Division of Corporations Electronic Filing Cover Sheet

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(((H20000373136 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Namo - : THE ELITE CARRIER SERVICES OF

Account Number : 120120000040

Phone : (305) 405-2600

Fax Number

: (305)405-2601

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ELLEGANCE, LLC**

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

OCT 2 5 2020

## COVER LETTER

TO: Registration Se Division of Cor			
ELLEGAN	CE,LLC		
SUBJECT:	Name of Lim	ited Lisbility Company	
TI	A foods are sub-	witted for filing	
	Amendment and fee(s) are sub- indence concurning this matter		
icase remiti na correspo	mileneo sonormala mo pamer		
	JENNY MEDINA		
		Name of Person	,
	THE ELITE CARRIER SE		
		Firm/Company	<del></del> ·
	12060 NW SOUTH RIVE		,
		Addicess	
	MEDLEY FL 33178		
		City/State and Zip Code	
	YMEDINA@BLITECSOM		(ication)
		to be used for future annual report noti	neation)
For further information c	concerning this matter, please c	all:	
JENNY MEDINA		305 405-2600 at (	
Name o	of Person	Area Code Daylim	e Telephone Number
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Se	ction
Registration   Division of C		Division of Cor	
DIAISION OF C	Markona	201 27 47 27	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suito 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELLEGANCE,LLC					
(Name of the Limi	ted Liability Compo (A Florida Lumited	nny as it now крриять on our records.) Liability Company)	<del></del> . ,, ,		
The Articles of Organization for this Limited L Florida document number L19000135098		were filed on OCTOBER 27TH, 2020	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f t <u>he limited fiab</u>	llity company here;			
The new name axist be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."		
Enter new principal offices address, if applic	able:	3125 JOHN P CURCI DRIVE UNIT 5			
(Principal office address MUST BE, A STREI	ET ADDRESS)	HALLANDALE BEACH FL 33009			
Enter new mailing address, if applicable:		3125 JOHN P CURCI DRIVE UNIT 5			
(Mailing address MAY BE A POST OFFICE	BOX)	HALLANDALE BEACH FL 33009			
B. If unrending the registered agent and/or agent and/or the new registered office addre	registered office : ss here:	address on our records, <u>enter the nam</u>	ne of the liew registered		
Name of New Registered Agent:	•		2 17		
New Registered Office Address:	3125 JOHN P (	CURCI DRIVE UNIT 5  Enter Florida street address	- <del>3% %-</del> 5		
	TIATT AND AT		37 · C		
	HALLANDAL	E BEACH , Florida 33	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.

Oct. 27. 2020 11:23AM THE ELITE CARRIER SERV

Nº3634 P. 7

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	JACQUES M CHARLES	733 SW 69th WAY	<b>⊭</b> ∧dd
	,	PEMBROKE PINES FL 33023	
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	to at tiling,	3ER 27TH, 2020	(of	tional)	605.0207
fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	specific and cannot be a does not much the ap	orior to date of filing or opticable statutory fil	more than 90 days at ing requirements, t	his date will not but	listed as
in effective date is listed, the date must be ofe: If the date inserted in this block	specific and cannot be a does not meet the ap riment of State's rece	orior to date of filing or opticable statutory fil ords.	ing requirements, t	ais date will not by	iisica as
in effective date is listed, the date must be ote: If the date inserted in this block reument's effective date on the Depa record specifies a delayed effective di	specific and cannot be a does not meet the ap riment of State's recu ate, but not an effective	orior to date of filing or opticable statutory filords.	ing requirements, t	ais date will not by	iisica as
an effective date is listed, the date must be bee: If the date inserted in this block reument's effective date on the Department specifies a delayed effective date of the Department of the Dep	specific and cannot be a does not meet the ap riment of State's recu ate, but not an effective	orior to date of filing or opticable statutory filords.  The vectime, at 12:01 a.m.	ing requirements, t	(b) The 90th day a	iisica as

Filing Fee: \$25.00