

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

Phone : (305) 405-2600

Fax Number : (305) 405-2601

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **VOLNY'S TRANSPORTATION SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25,00

	The second secon	DANGER LLC						
·UBJECT:	VOLNY'S TRANSPORTATION SERVICES LLC							
	Namo c	f Limited Liability Company						
The enclosed Ar	ticles of Amendment and fee(s) ar	e submitted for filing.						
Please return all	correspondence concerning this n	natter to the following:						
	JENNY MEDINA							
	<u></u>	Name of Person						
	THE ELITE CARRI	ER SERVICES OF MIAMI LLC	·					
		Firm/Company						
	12060 NW SOUTH I	RIVER DR						
		Address						
	MEDLEY FL 33178							
		City/State and Zip Code						
	YMEDINA@ELITEC		otion					
		ress: (to be used for future annual report notific	anon)					
For further infor	mation concerning this matter, plo	ease call:						
JENNY MBDIN	<i>I</i> A	305 40502600 at ()						
	Name of Person	Area Code Daytimo	Telephone Number					
Englosed is a clu	eck for the following amount:							
≅ \$25.00 Filin	g Fee \$30.00 Filing Fee & Certificate of Stat		Certificate of Status & Certified Copy (additional copy is enclosed					

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## THE ELITE CARRIER SERV

## TO ARTICLES OF ORGANIZATION OF

VOLNY'S TRANSPORTATION S			<del></del>		
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now amears on our i Liability Company)	ecor(IS <sub>1</sub> )		
The Articles of Organization for this Limited L	iability Company	were filed on 01/02/2020		and assign	ned
florida document number L20000008960	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, <u>enter the new name o</u>		•		SECR TAI	ل 2020 *
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbi	oviation LL.	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applic	able:	1267 SLASH PINE CIRC	CLE APT 124	<u> </u>	27
(Principal office address MUST BE A STREE		PUNTA GORDA, FL 33	950	Si Si	<u> </u>
Trincipal Office main ess fa cos 100 100 100 100 100 100 100 100 100 10				11105 	
		-		- ATE	5
Enter new mailing address, if applicable:		P.O BOX 311572			. <u>.</u>
(Mailing address MAY BE A POST OFFICE	BOX)	TAMPA PL 33680			
B. If amending the registered agent and/or and/or and/or the new registered office addre	registered office ss here:	uddress on our records,	enter the name	of the new 1	<u>-eglstered</u>
Name of New Registered Agent:					
New Registered Office Address:	1267 ST.ASH 1	PINE CIRCLE APT 124		,	
New Acgistered Office Andress.		Enter Florida street	address		<del></del> -
	PUNTA GORI	DA	_, Florida <u>3395</u>	50	. <del></del>
		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.

MGR = M	anager uthorized Member		
Title	Name	Address	Type of Action
MGR	JOSUE VOLNY	1267 SLASH PINE CIRCLE APT 124	□Add
		PUNTA GORDA I'L 33950	□Remove
			<b>⊠</b> Change
	<del></del>		□Add
			SERGE JAN 27
			AN AH O: 15 Charles SSEE FL
			□Change
			DAdd
			Remove
			Change
**************************************			DAdd
			□Remove
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			□Add
			□Remove
			□Change

If amending any other informa	tion, enter change(s) here: (Attach additional shee	ets, if necessary.)
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Effective date, if other than the if an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	date of filing:01/24/2020	(uptional) 0 days after filing.) Pursuant to 605.0207 (3)(b) ments, this date will not be listed as the
e record specifies a delayed effectived is filed.	e date, but not an effective time, at 12:01 a.m. on the en	rlier of: (b) The 90th day after the
Dated	2020	
> Jan	à Volny	L
JOSUE VOLNY	Signature of a member or authorized representative of a mem	DCI
	Typed or printed name of signee	

Filing Fee: \$25.00