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To:

Division of Corporations

Fax Number : (850)617-6383

From:

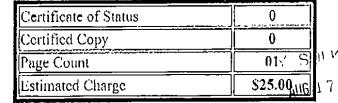
Account Name : THE ELITE CARRIER SERVICES OF MIAMI LLC

Account Number : 120120000040 Phone : (305)405-2600 Fax Number : (305)405-2601

Enter the email address for this business entity to be used for future er the email address for this business oness, it is a same annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 509 EXPEDITED, LLC



COVER LETTER

tion orations			
ITED LLC			
Name of Limit	ed Liability Company	· · · · · · · · · · · · · · · · · · ·	
Amendment and fee(s) are subn	nitted for filing.		
JENNY MEDINA			
····································	Name of Person		
THE ELITE CARRIER SE	RVICES OF MIAMI LLC		
	Firm/Company		
12060 NW SOUTH RIVER	OR		
	Address		
MEDLEY FL 33178		 _	
YMEDINA@BLITECSOM	.COM	More Character and Control of the Co	
		meanony	
oncorning this matter, please or	ıll:		
	305 405-2600		
l'Person	Area Code Daytir	ne Telephone Number	
he following amount:			
(2) \$30.00 Filing Fee & Certificate of Status	SSS.00 Filing Pee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certifical Copy (additional copy is enclosed)	
	Street Address: Registration S		
Registration Section Division of Corporations		Division of Corporations	
		Tallanassee oc Street, Suite 810	
	Manue of Limit Amendment and fee(s) are submatered concerning this matter to JENNY MEDINA THE ELITE CARRIER SE 12060 NW SOUTH RIVER MEDLEY FL 33178 YMEDINA@BLITECSOM Finall address: (to oncerning this matter, please of the following amount: E) \$30.00 Filing Fee & Certificate of Status 5531 Section Corporations 27	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: JENNY MEDINA Name of Person THE ELITE CARRIER SERVICES OF MIAMI LLC Firm/Company 12060 NW SOUTH RIVER DR Address MEDLEY FL 33178 City/State and Zip Code YMEDINA(@BELITECSOM.COM Firmal address: (to be used for future annual report not oncerning this matter, please call: 12 S30.00 Filing Fee & Certificate of Status Certificate of Status Section Corporations Street Address: Registration S Division of Corporations The Centre of	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S09 EXPUDITED LLC		
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L Florida document number 1.20000169493	iability Company were filed on A	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name c	of the limited liability company l	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	·
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our <u>ess here</u> :	records, enter the name of the new registered
Name of New Registered Agent:	DJENNY BAPTISTE	
New Registered Office Address:	919 N 25TH AVE Enter Flo	rida street address
	HOLLYWOOD	, Florida 33020
	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.

If Changing Registered Agent, Signature of New Registered Agent

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	Nume	Address	Type of Action
MGR	JEAN R. CHARLES	731 SW 69 WAY	
		PEMBROKE PINES FL 33023	
			Change
MGR	JACQUES M CHARLES	731 SW 69 WAY	⊭∆dd
		PEMBROKICPINES EL 33023	□Remove
			□Change
		Remove	
		Change	
		LRemove	
		, 	□Change
		Remove	
		Change	
		□ Add	
		FIRemove	
		UChange	

Typed or printed name of signee

JEAN R. CHARLES