Sep. 14. 2021 * 3:15PM THE ELITE CARRIER SERV No. 3997 P. 1

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Division of Corporations Florida Department Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit <u>.</u> number (shown below) on the top and bottom of all pages of the document. (((H210003402453))) H210003402453ABCV Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : THE ELITE CARRIER SERVICES OF MIAMI LLC Account Number : I2012000040 Phone : (305)405-2600 Fax Number : (305)405-2601 2021 SEP 14 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**** . .: Email Address:_ FH 1:13 FL 0E10 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LONGWAY ENTERPRISES GROUP LLC 2021 SEP 14 PH Certificate of Status 0 11 ALLAHASSE 0 Certified Copy **0**1 Page Count \$25.00 Estimated Charge ----.

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TO: Registration So Division of Cor			
L20000275	\$878		
SUBJECT:		nited Lizbility Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
	undence concerning this matter		
	JENNY MEDINA		
		Name of Person	
	THE ELITE CARRIER S	ERVICES OF MIAMI LLC	
		Firm/Company	
	12060 NW SOUTH RIVE	R DR	
		Address	
	MEDLEY FL 33178		
	<u> </u>	City/State and Zip Code	
	YMEDINA@ELITECSOM		
	E-mail address: (to be used for future annual report notifica	ation)
For further information c	oncerning this matter, please c	all:	021 6
JENNY MEDINA		305 405-2600 at ()	
Name o	f Person		clephone Number
Enclosed is a check for th	e following amount.		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Pee & Certified Copy (additional copy is enclosed)	دی S60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>		<u>Street Address;</u> Registration Secti	on

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LONGWAY ENTERPRISES GROUP LLC (Name of the Limited Liability Compu- (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000275878</u>	were filed onand assigned		
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the limited liab	llity company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4208 W 16TH AVE SUITE #294		
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH FL 33012		
Enter new mailing address, if applicable:	4208 W 16TH AVE SUITE #294		
(Mailing address MAY BE A POST OFFICE BOX)	HIALEAH FL 33012		

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:	AYMEE TOLEDO	
New Registered Office Address	4208 W 16TH AVE SUITE #29	94
	Enter F	lorida street addross
	HIALEAH	Florida 33012
	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:

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	AYMEE TOLEDO	4208 W 16TH AVE SUITE #294	🖬 Add
		HIALEAH FL 33012	🗆 Remove
			Chauge
MGR	YANET LOPEZ	18250 MEDITERRANEAN BLVD APT 1503	[] Add
	<u>_</u>	HIALBAH PL 33015	Remove
			🗆 Change
			DAdd
		<u> </u>	DRemove
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E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

SEPTEMBER 14TH	2021
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7-11	Signature of a member or authorized representative of a member
YANET LÓPEZ	Typed or printed name of signes

Typed or printed name of signed