THE ELITE CARRIER SERV Sec. 30: 2021 3:47AM

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Help

**Division of Corporations** 

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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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	То:	Division of Corporations Fax Number ; (850)617-6383	SELLARY	لر د. در
	From:	Account Name : THE ELITE CARRIER SERVICES OF MIAMI bld Account Number : I20120000040 Phone : (305)405-2600 Fax Number : (305)405-2601		

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

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SUBJECT	LONGWA	Y ENTERPRISES GROUP L	LC		
SUBJECT	, <u> </u>	Name of Li	mited Liability Company	ý	
The enclose	d Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please retur	n all correspo	ondence concerning this matte	r to the following:		
		JÉNNY MEDINA			
			Name of Person		
		THE ELITE CARRIER S	ERVICES OF MIAM	I LLC	
Fint/Company					**
12060 NW SOUTH RIVER DR					
			Address		
		MEDLEY, FL 33178			
		YMEDINA@ELITECSOM	City/State and Zip C 1.COM	ode	
		E-moil address: (	to be used for future and	wal report notifice	ation)
For further i	nformation c	oncerning this matter, please e	all:		
JENNY ME	DINA		305 at ( )	405-2600	
	Name of	Person	Area Code	Daytime T	elephone Number
Enclosed is a	i check for th	e following amount			
■ \$25.00 F	iling Pee	\$30.00 Filing Pee & Certificate of Status	\$55.00 Filing F Certified Copy (additional copy is	,	S60.00 Piling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	<u>Ung Address</u> gistration S fision of Co . Box 6325 lahassee, F	ection prporations	Regi: Divis The ( 2415	t Address: stration Section sion of Corpor Centre of Tall. N. Monroe S hassee, FL 32	rations ahassee treet, Suite 810

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AR	TICLES OF	AMENDMENT			
	-	0	FAIS	2[	
ARTICLES OF ORGANIZATION					
	C	)F	HE A	2021 SEP 30 PH	
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LONGWAY ENTERPRISES GRO		and a stand and and and an all records )	,	-	П
(Name of the Lini	(A Plorida Limited	any as it now appears on our records.) Liebility Company)	FL S	Ť	U
The Articles of Organization for this Lunited L	ishilike Connects	SEPTEMBER 23RD, 2021	F STATE	1 1: 06	
The Articles of Organization for this Linned L	nating Company	/ weie med on			
Florida document number L20000275878	<u> </u>				
This amendment is submitted to amend the following	lowing:				
	····				
A. If smending name, onter the new name of	of the limited link	unity company nere:			
The new name must be distinguishable and contain the	words "Limited Liabi		21¢VI01101 "L.L.C."		
Enter new principal offices address, if applie	able:	1501 W 41ST APT 9 A			
(Principal office address MUST BE A STREE	E <u>T ADDRESS)</u>	HIALEAH FL 33012			
Enter new mailing address, if applicable:		1501 W 41ST APT 9 A			
(Mailing uddress MAY BE A POST OFFICE	ROVI	HIALEAH FL 33012		-	
Intering address MAT BE AT UST UTTEE	<u>BOM</u>			_	
B. If amending the registered agent and/or i	registered affice	address on our records, enter the name	e of the new regis	stered	
agent and/or the new registered affice addre	<u>ss here</u> :	2441 615 611 611 1 6661 465, <u></u>			
Name of New Registered Agent;					
Hane of How Keglatory a Herri				~~	
New Registered Office Address:	1501 W 41ST 2	Emer Florida street addross			
	HIALEAH	, Florida <u>330</u>	12 		
		City	Zıp 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

## Sec. BO: 2021 B:49AM THE ELITE CARRIER SERV.

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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:

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<u>Title</u>	Name	Address	Type of Action
MGR	AYMEE TOLEDO	1501 W 41ST APT 9 A	🗆 Add
		HIALEAH FL 33012	🛛 Rémove
			🗋 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SEPTEMBER 23RD, 2021 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and connot 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 2021 SEP 30 PH 1: 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. FILE Dated \_\_\_\_\_ 2021 Ο

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5	Signalate of a member or authorized representative of a member	

Typed or printed name of signce