

L21000327412

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2021 SEP -1 PM 3:40

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

FLORIDA DEPARTMENT OF STATE
FALL WASSER, FLORIDA

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TIRADO AUTO HAULER LLC**

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

SEP 02 2021

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIRADO AUTO HAULER LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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@BLITECSOM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNY MEDINA

at 305 405-2600

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

TIRADO AUTO HAULER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 1ST, 2021 and assigned

Florida document number L21000079990

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 applicable:

3600 NE 9TH AVE

(Principal office address **MUST BE A STREET ADDRESS**)

CAPE CORAL FL 33909

Enter new mailing address, if applicable:

3600 NE 9TH AVE

(Mailing address **MAY BE A POST OFFICE BOX**)

CAPE CORAL FL 33909

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:

New Registered Office Address:

3600 NE 9TH AVE

Enter Florida street address

CAPE CORAL

City

Florida 33909

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

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2021 SEP - 1 AM 9:33
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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)

Typed or printed name of signee

STATE
OF FLORIDA
S.E.C.

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