

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H20000152920 3)))



H200001529203ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

20201107 3:45

To: Division of Corporations
Fax Number : (850) 617-6380

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 annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
AA EXPRESS OF MIAMI, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

2020 MAY 22 AM 9:42
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AA EXPRESS OF MIAMI, INC

DOCUMENT NUMBER: P08000016785

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNY MEDINA

Name of Contact 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@ELITECSOM.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 Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

AA EXPRESS OF MIAMI, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000016785

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable;
(Principal office address MUST BE A STREET ADDRESS)

540 W 64TH DR

HIALEAH FL 33012

C. Enter new mailing address, if applicable;
(Mailing address MAY BE A POST OFFICE BOX)

540 W 64TH DR

HIALEAH FL 33012

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

YUNIERKY DUENAS

540 W 64TH DR

(Florida street address)

New Registered Office Address:

HIALEAH

(City)

Florida 33012

(Zip Code)

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

Check if applicable

f 1 The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (e), F.S.

2020 MAY 22 AM 9:42
ALL AMENDMENTS
FILED

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|---|-------|------------------|---|
| 1) <input checked="" type="checkbox"/> Change | SECR | JOSE J FERNANDEZ | 4143 NE 9TH STREET HOMESTEAD, FL 33033 |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | P | YUNIERKY DUENAS | 540 W 64TH DR HIALEAH FL 33012 |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

2020 MAY 22 AM 9:42
STATE OF FLORIDA
TALLAHASSEE COUNTY

MAY 22ND, 2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

MAY 22ND, 2020

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

05/22/2020
Dated _____

Signature X

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOSE J FERNANDEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2020 MAY 22 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA