Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THE ELITE CARRIER SERVICES OF MIAMI LLC

Account Number : 120120000040

: (305)405-2600

Phone 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 SION MOTOR CARRIER TRANSPORT INC

| Certificate of Status | 0 |
|-----------------------|---------|
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| Page Count | 01 |
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Electronic Filing Menu

Corporate Filing Menu

Help



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COVER LETTER

| TO: Amendment Sec Division of Corp | | | | |
|---------------------------------------|---|--|---|------------|
| NAME OF CORPO | RATION: SION MOTOR CA | RRIER TRANSPORT INC | | · · · . |
| DOCUMENT NUM | BER: P12000017918 | | | · |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | |
| | JENNY MEDINA | •, | | |
| | | Name of Contact Person | • | |
| | THE BLITE CARRIER SER | VICES OF MIAMI LLC | | |
| | | Firm/ Company | | |
| | 12060 NW SOUTH RIVER | DR | | |
| | MEDLEY, FL 33178 | Address | | |
| | | City/ State and Zip Code | <u> </u> | |
| YME | DINA@ELITECSOM.COM | | | |
| | E-mail address: (to be us | sed for future annual report to | otification) | |
| For further information | n concerning this matter, pleas | se call: | | |
| JENNY MEDINA | | at (305 | 405-260 | 90 · |
| Name | of Contact Person | | & Daytime Telepho | one Number |
| Enclosed is a check fo | or the following amount made p | payable to the Florida Depar | tment of State: | · |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filling Fee Certificate of Stat Certified Copy (Additional Copy is enclosed) | us |

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| SION MOTOR CARRIER TRANSPORT IN | NC | | | |
|---|--|-----------------------------------|---|------------|
| (Name of C | Corporation as currently | filed with the Florida Dept. of i | State) | |
| P12000017918 | | | | <u></u> |
| | (Document Number of C | Corporation (if known) | - | |
| Pursuant to the provisions of section 607,100 its Articles of Incorporation: | 06, Florida Statutes, this Fl | orida Profit Corporation adopts | the following amenda | ient(s) to |
| A. If amending name, enter the new name | of the corporation: | | | |
| | | | The na | |
| name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association | on "Corp." "Inc." or "Co | ". A professional corporation | d" or the abbreviatio name must contain th | n Ie |
| B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u> | | | | |
| | | | | |
| C. Enter new mailing address, if applicat (Mailing address MAY BE A POST OF | | | • | , |
| Australia Miller pan Total Total Tax And Tax | | | | |
| | | | | |
| | | | | |
| D. If smending the registered agent and/o new registered agent and/or the new re | | s in Florida, enter the name of | the | |
| Name of New Registered Agent | | | | |
| Time of their Achies on Acting | | | | |
| | (Florida street | address) | | |
| New Registered Office Address: | | , Flo. | rida | |
| | (C | (ity) | (Zip Code) | |
| | | | VA_C | - |
| New Registered Agent's Signature, if chap I hereby accept the appointment as registered | ging Registered Agent: d agent. I am familiar wit | h and accept the obligations of t | he position. | JUN 12 |
| | | | | 至 |
| | Signature of New Reg | istered Agent, if changing | | ابن ا |
| | | | <u> </u> | 4 — |

| If amending the Officers and/or Directors, | enter the title and name of e | ach officer/director being | removed and title, | name, and |
|---|-------------------------------|----------------------------|--------------------|-----------|
| address of each Officer and/or Director bei | ing added: | | | |

(Attach additional sheets, if necessary)

X Change

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

PT

John Doe

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:

| X Remove | <u>v</u> | <u>Mike J</u> | ones | | |
|----------------------------|-------------|---------------|--------------|----|---------------------------------------|
| _X Add | <u> </u> | Sally S | mith | | |
| Type of Action (Check One) | Title | | Name | | Address |
| 1) Change | VP | | YASEL FERRER | | 6210 SW 131 COURT APT. 104 |
| Add | ·- | | | | MIAMI FL 33183 |
| X Remove | | | | | |
| 2) Change | | | | | |
| Add | • | | | | |
| Remove | | | | | |
| 3) Change | | _ | | | · · · · · · · · · · · · · · · · · · · |
| Add | | | | | |
| Remove | | • | | | |
| 4) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | - | | | |
| Add | | | | | |
| Reniove | | | | | |
| ο)Change | | | | ·· | |
| Add | | | | | |
| Remove | | | | | |

| ttach additional sheets, if necessary). (Be specific | hange(s) here: c) | | | | | |
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| n amendment provides for an exchange, reclass ovisions for implementing the amendment if no | ification, or car | cellation of i | ssued shar | res. | | |
| | · | ic bigendine. | <u> </u> | | | |
| (if not applicable, indicate N/A) | | | | | | |
| (if not applicable, indicate N/A) | | | | | | |
| (if not applicable, indicate N/A) | . | ······ | | | | |
| (if not applicable, indicate N/A) | | | | | | |
| (IJ not applicable, indicate N/A) | | | | | | |
| (I) not applicable, indicate N/A) | | | | , | | |
| (I) not applicable, indicate N/A) | | | | | | |
| (If not applicable, indicate N/A) | | | | | | |

| The date of each amendment(s date this document was signed. |) adoption: | , if other than the |
|--|---|-------------------------------|
| • | 06/11/2015 | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in the document's effective date on the | is block does not meet the applicable statutory filing requirements, this dipartment of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(sufficient for approval. | (a) |
| | approved by the shateholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s): | ent |
| "The number of votes of | ast for the amendment(s) was/were sufficient for approval | |
| by | , n | |
| | (voting group) | |
| ☐ The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and sharehold | er . |
| ☐ The amendment(s) was/were | adopted by the incorporators without shareholder action and shareholder | |
| action was not required | | |
| 06/11/20 | n5 | |
| Dated | | |
| n: | o // | |
| Signature | a director, president or other officer - if directors or officers have not been | |
| sele | oted, by an incorporator — if in the hands of a receiver, trustee, or other cou | rt |
| | pinted fiduciary by that fiduciary) | |
| · | LUIS A FERRER | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |