Division of Corporations



## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THE ELITE CARRIER SERVICES OF MIAMI LLC

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> COR AMND/RESTATE/CORRECT OR O/D RESIGN THE BIG STRENGTH CORPORATION

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Corporate Filing Menu

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## COVER LETTER

Division of Corporations	
NAME OF CORPORATION: TROPICAL CARO	GO LOGISTICS INC
DOCUMENT NUMBER: P12000101485	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	itter to the following:
LUIS REYES	
TROPICAL CARGO LOGIS	Name of Contact Person
,	
9170 NW 32ND CT RD	Firm/Company
	Address
MIAMI, FL 33147	·
	City/ State and Zip Code
SRUBIO@ELITECSOM.COM	
	sed for future annual report notification)
_ =====================================	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please	se call:
SUYLEN RUBIO	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 & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 Clifton Building 2661 Executive Center Circle Tallahasses, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1160 SW 129 AVE
(Principal office address MUST BE A STREET ADDRESS)	MIAMI,FL 33116
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1160 SW 129 AVE
(	MIAMI,FL 33116
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
Name of New Registered Agent	
Arthur San	
(rionida si	ree: adaress)
New Registered Office Address:	, Florida, Florida
Name of New Registered Agent  (Florida se	treet address)
New Registered Agent's Signature, If changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered Agent, if changing

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)

Example:

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.

ΧC	Change	<u>PT</u>	John De	26		
ΧR	lemove	Y	Mike Ja	ones		
<u>x</u> .	Add	SV	Sally St	<u>mith</u>		
Type (Che	of Action ck One)	Title		Name		Address
1) _	Change		_		_	
~	Add				_	· · · · · · · · · · · · · · · · · · ·
_	Remove				-	
2) _	Change	<del></del>	_		<del></del>	
_	Add				_	
	Remove				_	
3)_	Change		_		_	
	Add				_	
	Remove				_	
4)	Change		_			
	Add					
	Remove				_	
5)	Change		_			
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<b>ර</b> )	Change		-		_	
_	Add					
	Remove					

mach <i>additic</i>	r adding additional Articles, nal sheets, if necessary). (Be	: specific)		
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<u>rovisions fo</u>	ent provides for an exchange t kunlementing the amendme plicable, indicate N/A)	, reclassification, or ca nt if not contained in 1	ncellation of issued s he amendment itself:	hares.
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				· · · · · · · · · · · · · · · · · · ·
			······	

The date of each amendment(s) added this document was signed.	loption:	, if other than the
Effective date if applicable:		·····
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	, H	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
05/19/2015	Λ	
Dated	<del>//                                   </del>	
Signature	tuis Theyes	
(By a g	rector, president or other officer - if directors or officers have not been	
	l, by an incorporator — if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
••	REYES, LUIS	
	·	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	