

2/11/2014 10:19 AM FROM: 305-405-2601 The Elite Carrier Services of Miami TO: 305-617-6380 Page: 002 of 008  
Division of Corporations Page 1 of 1  
**P130000017329**

Florida Department of State  
Division of Corporations  
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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  
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  
A THOUSAND WHEELS CARRIER INC**

Certificate of Status	0
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Page Count	01
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14 FEB 11 AM 10:28  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304

C. LEWIS  
FEB 12 2014  
EXAMINER

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Help

**The Elite Carrier Services of Miami**  
11790 NW South River Dr Medley, FL 33178

# **urgent**

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f a c s i m i l e

**To:** <918506176380>  
**Fax Number:** 918506176380

**From:** Zoelyn Iglesias  
**Fax Number:** 305-405-2601  
**Business Phone:** 305-405-2600  
**Home Phone:**

**Pages:** 8  
**Date/Time:** 2/11/2014 10:19:11 AM  
**Subject:** A THOUSAND WHEELS CARRIER INC

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CORP AMENDMENT

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: A THOUSAND WHEELS CARRIER INC

DOCUMENT NUMBER: P13000017329

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

Please return all correspondence concerning this matter to the following:

CARLOS A GONZALEZ

Name of Contact Person

A THOUSAND WHEELS CARRIER INC

Firm/ Company

3132 SW 25TH ST

Address

MIAMI, FL 33133

City/ State and Zip Code

ZIGLESIAS@ELITECSOM.COM

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

For further information concerning this matter, please call:

ZOELYN IGLESIAS

Name of Contact Person

at (305) 405-2600

Area Code & Daytime Telephonic Number

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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  
Tallahassee, FL 32301

APPROVED  
AND  
FILED

2/11/2014 10:19 AM FROM: 305-405-2601 The Elite Carrier Services of Miami TO: 918506176380 PAGE: 005 OF 008

14 FEB 11 AM 10:06

Articles of Amendment  
to  
Articles of Incorporation  
of

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A THOUSAND WHEELS CARRIER INC**

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

**P13000017329**

(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)**

295 NW 57 AVE APT 501  
MIAMI FL 33126

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

295 NW 57 AVE APT 501  
MIAMI FL 33126

**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

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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

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 type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	CARLOS A GONZALEZ	3132 SW 25TH ST MIAMI, FL 33133
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	YOENSY ALONSO	295 NW 57 AVE APT 501 MIAMI, FL 33126
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			



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2/11/2014 10:19 AM FROM: 305-405-2601 The Elite Carrier Services of Miami TO: 918506176380 PAGE: 008 OF 008

14 FEB 11 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 02/11/2014 if other than the date this document was signed.

Effective date if applicable: 02/11/2014  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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)

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

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 2/11/2014

Signature \_\_\_\_\_

(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)

CARLOS A GONZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)