Division of Corporations Electronic Filing Cover Sheet

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(((H16000211766 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: THE ELITE CARRIER SERVICES OF MIAMI LLC Account Name

Account Number : I20120000040 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 HADFEG EXPRESS INC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

C. CAPROTYERS

Help gift 3 3 90A

\*8/25/2016\*

## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	ic
DOCUMENT NUMBER: P13000071396	
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
SUYLEN RUBIO	•
(Na	ame of Contact Person)
THE ELITE CARRIER SERVICES OF MIAMI	
	(Firm/ Company)
12060 NW S RIVER DR	
	(Address)
MEDLEY,FL 33178	
(Ci	ty/ State and Zip Code)
SRUBIO@BLITECSOM.COM	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	:
SUYLEN RUBIO	305 405-2600
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
(.	Certified Copy Additional copy is Certified Copy Certified Copy (Additional Copy is 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 Clifton Bullding 2661 Executive Center Circle Tallabassee, FL 32301

Articles of Amendment to
Articles of Incorporation
of

HADFEG EXPRESS INC		
(Name of Corporation	as currently filed with the Florid	a Dept. of State)
P13000071396		
(Docur	nent Number of Corporation (if kno	wn)
tursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For	Profit Corporation adopts the following
. If amending name, enter the new name of th	corporation:	
		The new
ame must be distinguishable and contain the word	l "corporation" or "incorporated" -	or the abbreviation "Corp," or "Inc."
Company" or "Co." may not be used in the nam	<u>e</u> .	# 건 
Enter new principal office address, if applies	ble:	
Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>
•		
	•	OR.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Industrial man coo pages supply code of 11000		4+**
	•	· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or regi	stered office address in Florida, e	nter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	NESTOR M CINTRA	
	4413 NW 185 ST	
	(Flor	ida street address)
New Registered Office Address:	•	
	MIAMI GARDENS	, Florida
	(Clty)	(Zip Code)
	(3.3)	(-4>
ew Registered Agent's Signature, if changing	Registered Agent:	
hereby accept the appointment as registered ager	it. I am familiar with and accept th	se optigations of the position.
<u>-</u>		
•	Signature of New Register	ed 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 = Chahman 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 Change X Remove X Add	Y Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	MARBELIS DE LA CRUZ PACHEC	4413 NW 185TH STREET
Add			MIAMI GARDENS, FL 33055
X Remove			
2) X Change	P	NESTOR M CINTRA	. 4413 NW 185TH ST
Add			MIAMI GARDENS, FL 33055
Remove			-
3)Change	<del></del>		
Add			-
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

<mark>f amending or adding additional Arti</mark> utach additional sheets, if necessary).	(Be specific)			
			· · · · · · · · · · · · · · · · · · ·	
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	- <del> </del>			<del></del>

The date of each amendment(s) adoption date this document was signed.	08/25/2016 .	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	cs not meet the applicable statutory filing requirements, this date will not be ent of State's records.	oe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were	
Deted 08/25/2016		
	Turate of the board, president or other officer-if directors	<del></del>
have not been sel	ected, by an incorporator - if in the hands of a receiver, trustee, or	
other court appoir	nted fiduciary by that fiduciary)	
MARBELIS I	DE LA CRUZ PACHECO	
	(Typed or printed name of person signing)	
PRESIDENT		
	(Title of person signing)	