## P14000018417

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MACRETARY OF STATE AND ALL OF 122 MICHAELDH

Amenda Jan 11.4,14

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Elite Transport Solutions Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person ans portsolutions egmail. com address: (to be used for future annual report hotification) For further information concerning this matter, please call: at (754) 800 - 2512 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 & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (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 Tallahassee, FL 32301

## **Articles of Amendment**

to

A	rticles of Inco	rporation			
Elite Transpo	of Si	olution	5 To	١٨.	
(Name of Corporation as currently file	ed with the Flo			<u> </u>	
P1400001			<del></del> -		
(Document Number of C	<u> </u>	(nown)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Fi	lorida Profit Cor <sub>l</sub>	poration add	opts the following	; amendment(s) to
A. If amending name, enter the new name of the cor	poration:				
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc." or "Ce	o". A profession			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	O				14 OCT 22
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	d office addre	ss in Florida, ent	er the name	of the	A (D 3)
Name of New Registered Agent	· ···				_
	(Florida stree	t address)			
New Registered Office Address:	(Citv)		_, Florida_	(Zip Code)	
New Registered Agent's Signature, if changing Regis		ob and accessed to	obligations	afelia naziriza	
I hereby accept the appointment as registered agent. I	am jamiliar wil	n ana accept the	oougations (	oj ine 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: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add	$\sqrt{}$	Serlo Mathelier	12914 SW 42nd St Miramar, FL
Remove  2) Change Add	S	Denise Rollins	33027 4545 N.W. 185th ST Miami, FL
Remove 3) Change Add			33055
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
			<del></del>
			<del></del> <u>-</u>
			<u>-</u>
			<del></del>
	····		
an amendment provides for an exch	ange, reclassification, or canc	ellation of issued sha	res,
rovisions for implementing the ame	ndment if not contained in the	amendment itself:	
(if not applicable, indicate N/A)			
			<del></del>

the date of each amendment(s) adoption: date this document was signed.	, it other than i
Effective date if applicable:	
(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 east for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"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 10/19/2014	
Signature Caster Routes	
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other	court
appointed fiduciary by that fiduciary)	
<u>Cester Morton</u>	
(Typed or printed name of person signing)	
CEO.	
(Title of person signing)	