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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 Fax Number : (305)405-2600 : (305)405-2601

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN NATIONAL TRUCK MANAGEMENT CORP

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Corporate Filing Menu

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

Division of Con	rporations		
NAME OF CORPO	DRATION: MATIONAL TRU	CK MANAGEMENT COR	KP
	ABER:		
The enclosed Article	es of Amendment and fee are su	abmitted for filing.	
Please return all con	respondence concerning this ma	tter to the following:	
	JENNY MEDINA		
		Name of Contact Persor	1
	THE BLITE CARRIER SUR	VICES OF MIAMITLE	
		Firm/ Company	
	12060 NW SOUTH RIVER.		
		Address	
	MEDLEY FL 33178		
		City/ State and Zip Code	
YΝ	FDINA@ELITECSOM.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
JENNY MEDINA		at (³⁰⁵	.) 405-2600 du & Daytime Telephone Number
Nam	e of Contact Person	Area Coo	do & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Piling Fee & Certified Copy (Additional copy is enclosed)	☐ \$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
· M	alling Address	Street A	<u>Aildress</u>
Amendment Section Division of Corporations		Amend	nient Section
			n of Corporations
	O. Box 6327		Building
'1'a	Hoboccoo Et 32314	2661 16	vernive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name	of Corporation as currently filed with the Florida Dept. of State)
P15000013392	
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s)
,	
A. If amending name, enter the new n	nme of the corporation:
	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa-	ntain the word "corporation," "company," or "incorporated" or the abbreviation nation "Corp," "Inc," or "Co". A professional corporation name must contain the attion," or the abbreviation "P.A."
B. Enter new principal office address, (Principal office address MUST BE A S	
•	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	
	,
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office address in Florida, enter the name of the w registered office address:
Name of New Registered Ayent	
	12060 NW SOUTH RIVER DR
	(Florida street address)
New Registered Office Address:	MEDLEY 33178
trear negisieren Office Adures).	(City) (Ziti Coite)
	要の S T
	35 4 月
New Registered Agent's Signature, if c	Immeling Registered Agent: tered agent.—I am familiar with and accept the obligations of the position.
Thereby decept me appointment as regim	
	9: 20 C
	Signature of New Registered Agent, if changing

P. 6

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 = ChiefExecutive 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add:

Example: X Change	PT	John Doe	
X Remove	у.	Mike Jones	
X Add	<u>sv</u>	Sally S <u>mith</u>	
Typo of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P 	CARLOS A HERRERA	12060 NW SOUTH RIVER DR
Add			MEDLEY FL 33178
Remove			
2) Change	<u></u>		
Add			
Remove			
3) Change	· 		<u> </u>
\dd			19 A UG
Remove			
4) Change			GF A
Add			62 YI
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
, Add			
Remove			

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	an exchange rachiculing or cause	libition of issued shares	
If an amendment provides for provisions for implementing	an exchange, reclassification, or cance the amendment if not contained in the	llation of issued shares, imendment itself;	MERSES F
If an amendment provides fo	the amendment if not contained in the	llation of issued shares, amendment itself:	RETARY OF SIV
f an amendment provides for provisions for implementing	the amendment if not contained in the	llation of issued shares, amendment itself:	TENESSEE IN
f an amendment provides for provisions for implementing	the amendment if not contained in the	llation of issued shares, amendment itself;	RETARY OF STAT AMASSES, FLORI
f an amendment provides for provisions for implementing	the amendment if not contained in the	llation of issued shares, amendment itself:	RETARY OF STAT AMASSES, FLORI
f an amendment provides for provisions for implementing	the amendment if not contained in the se N/A)	llation of issued shares, amendment itself:	RETARY OF STAT AMASSES, FLORI
If an amendment provides for provisions for implementing	the amendment if not contained in the se N/A)	llation of issued shares, amendment itself:	RETARY OF STAT AMASSES, FLORI
If an amendment provides for provides for provisions for implementing	the amendment if not contained in the se N/A)	llation of issued shares, amendment itself:	RETARY OF STAT AMASSES, FLORI
If an amendment provides for provisions for implementing (if not applicable, indicat	the amendment if not contained in the se N/A)	mendment itself:	RETARY OF STATE
If an amendment provides for provisions for implementing (if not applicable, indicat	the amendment if not contained in the se N/A)	mendment itself:	RETARY OF STATE
If an amendment provides for provisions for implementing (if not applicable, indicat	the amendment if not contained in the sep N/A)	mendment itself:	RETARY OF STATE
If an amendment provides for provisions for implementing (if not applicable, indicated)	the amendment if not contained in the sep N/A)	mendment itself:	RETARY OF STATE
If an amendment provides for provisions for implementing (if not applicable, indicat	the amendment if not contained in the se N/A)	mendment itself:	RETARY OF STATE

	08/07/2019			
The date of each amendment(s) add	option:		if other	than the
date this document was signed. 08/07	/2019			
Effective date if applicable:	(no more than 90 days after amendment file date)			•
	(no more than 90 tays after amenamem fite date)			
Note: If the date inserted in this blooument's effective date on the Dep	ook does not meet the applicable statutory filing requirements, this date artment of State's records.	will not	t be list	ed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.			
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):			
"The number of votes east fo	or the amendment(s) was/were sufficient for approval			
by				
	(voting group)			
The amendment(s) was/were adopt action was not required. Os/07/2019 Dated Signature (By a dir selected, appointe	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	SERRELARY OF STATE.	19 AUG -7 AM 9: 20	FILED
,	(Typed or printed name of person signing)			
	RESIDENT			
	(Title of person signing)			