

ELILE CARRIER

FAX Nois 3054052601

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

AUG 23 2016

Account Name

: THE ELITE CARRIER SERVICES OF MIAMI LLC

Account Number : I20120000040

: (305)405-2600

Phone Fax Number

: (305)405-2601

R WHITE **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 SAFE SHIPPING TRANSPORT, INC

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Corporate Filing Menu

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COVER LETTER

Division of Cor				
NAME OF CORPO	PRATION: SAFE SHIPPING	TRANSPORT, INC		
	BER: P15000019359			
The enclosed Article	s of Amendment and fee are su	abmitted for filing.		
Please return all corn	espondence concerning this ma	tter to the following:		
	SUYLEN RUBIO			
		Name of Contact Person	n	
	THE ELITE CARRER SER	VICES OF MIAMI		
		Pitin/ Company		
	12060 NW S RIVER DR			
		Address		
	MEDLEY,FL 33178			
•		City/ State and Zip Cod	•	
SRI	JBIO@ELITECSOM.COM			
	-	sed for future annual report	notification)	
	D (3000 Maratano) (-0 01			
For further information	on concerning this matter, pleas	se call:		
SUYLEN RUBIO		at (305	405-2600	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	urtment of State:	
\$35 Filing Fee	□\$43.75 Filling Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	illing Address		Address	
	endment Section	Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
	lahassee, PL 32314		xecutive Center Circle	
	•		issee, FL 32301	

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Articles of Amendment to Articles of Incorporation

Safe Shipping Transport, Inc			
(Name c	of Corporation as curren	tly filed with the Florida Dept. of State)	
P15000019359			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. is Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)		4413 NW 185 ST	
		MIAMI GARDENS,FL 33055	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4413 NW 185 ST	
		MIAMI GARDENS,FL 33055	
D. If amending the registered agent an new registered agent and/or the new	id/or registered office add w registered office addre	iress in Florida, enter the name of the	
Name of New Registered Agent MARBELIS DE LA		UZ CHAVECO	
Value of Mem Veknieven Vkeur	4413 NW 185 ST		
		(page addrage)	
	(Florida s	il est titin egal.	
New Registered Office Address:	(Florida : MIAM GARDENS	, Florida 33055	

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 halds 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

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	7	MARBELIS DE LA CRUZ CHAVE	4413 NW 185 ST
Add			MIAMI GARDENS,FL 33055
·Remove			
2) Change	VP	Arnoldo Hartuz Alba	4840 NW 170 ST MANI Gardens, & 33055
Add Remove			
3)Change			
Add			
Remove			
4) Change		.	
Add			
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove		·	

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08/22/2016	
The date of each amendment(s) adoption:date this document was signed.	, 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 does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll not be listed as the
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 east for the amendment(s) was/were sufficient for approval	
by"	
(vating 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.	
08/22/2016	
Dated	
Signature X Flunes	
(By a girector, 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)	
LIDICE NUÑEZ ALBA	
(Typed or printed name of person signing)	
(Title of person signing)	