Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000123531 3)))



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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 : I20120000040 Phone : (305)405-2600

: (305)405-2601 Fax Number

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

Email Address:

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Corporate Filing Menu

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COVER LETTER

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■ \$35 Filing Fee	□\$43.75 Filing 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)	·	
Enclosed is a check for	or the following amount made		-		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
SUYLEN RUBIO		at (³⁰⁵	405-2600		
For further information	on concerning this matter, plea	se cail:			* "25
	E-mail address: (to be u	sed for future annual report	notification)		
SRU	BIO@ELITECSOM.COM				31
		City/ State and Zip Cod	le		
	MIAMI, FL 33147				
	9170 NW 32 DT RD				
	P15000028653	Name of Contact Perso			
	MICHEL CASTELLANOS			•	
Please return all corre	espondence concerning this ma	atter to the following:			
	s of Amendment and fee are s	ubmitted for filing.			
DOCUMENT NUM	P15000028653				
NAME OF CORPO		ERS CORF			
	NATION CARRI	EDC CODD			
Division of Cor					

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporati	on as currently filed with the Florid	da Dept. of State)
(Docum	nant Number of Corporation (if known	n)
Pursuant to the provisions of section 607.1006, Floridate at Articles of Incorporation:	a Statutes, this Florida Profit Corpord	ation adopts the following amendment(
A. If amending name, enter the new name of the co	prporation:	تر مور المراجعة المراعة المراجعة المراجعة المواعة المواعة المواعة المواعة المواعة الم
name must be distinguishable and contain the worn "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A professional o	incorporated" or the abbreviation corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Ziv Code)
New Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	istered Agent;	,
	•	- · ·
Signa	niure of New Registered Agent, if char	noino

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	ones	
_X Add	<u>sv</u>	Sally Si	mith	•
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change	P	_	REYNALDO BELLO	3320 NW 95 TER
X Add				MIAMI,FL 33147
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Афф				
Remove				
4) Change	***************************************	_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_	-	
Add				
Remove				

(Attach a	ling or adding additional Additional Additional sheets, if necessary). (Be specific)	si nere:		
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provisio	endment provides for an ex ne for implementing the an ot applicable, indicate N/A)	dendment if not conta	on, or cancellation of ined in the amendme	issued shares, at itself:	
				 _	
	· · · · · · · · · · · · · · · · · · ·				
	V 30 14 14 14 14 14 14 14 14 14 14 14 14 14	·			

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bludocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) cloient for approval.	
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
05/19/2015 Dated		
Signature X	War.	
(By a dir solected,	by an incorporator — if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	_
М	TICHEL CASTELLANOS	
	(Typed or printed name of person signing)	
P	RESIDENT	
_	(Title of person signing)	