Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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 : (305)405~2600 Phone

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.

		, and the state of
Email.	Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN PANCHOLO TRUCKING INC

Certificate of Status	0
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Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: PANCHOLO TRUC	KING INC			
DOCUMENT NUMBER: P15000050480				
The enclosed Articles of Amendment and fee are subm	pitted for filing.			
Please return all correspondence concerning this matter	r to the following:			
SUYLEN RUBIO				
	Name of Contact Person			
THE ELITE CARRIER SERV	CES OF MIAMI			
	Firm/ Company			
12060 NW S RIVER DR				
Address				
MEDLEY, PL 33178				
	City/ State and Zip Code			
	City, Grane and Exp Code			
SRUBIO@ELITECSOM.COM	·			
E-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please	call:			
SUYLEN RUBIO	at (305) 405-2600 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:			
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status 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 Building 2661 Executive Center Circle Tallehassee, FL 32301			

Articles of Amendment to Articles of Incorporation

ocument Number of Corporation (if k	ى .
, ,	oown)
, ,	nown)
orida Statutes, this Florida Profit Co.	
ona diametry and a solitor in region of	rporation adopts the following amendment(s) to
ie corporation:	
	The new
word "corporation," "company," Corp," "Inc," or "Co". A profession the abbreviation "P.A."	or "incorporated" or the abbreviation mal corporation name must contain the
able:	
ADDRESS)	
•	•
<i>BOX</i>)	
ristered office address in Florida, a ered office address:	nter the name of the
Lys Linares Leal	
SW 212 AVE APT 103	
(Florida street address)	
(L. IO) With Dty per ricer, egg)	
I	, Florida 33189
	tistered office address in Florida, energy of the April office address. LYS LINARES LEAL SW 212 AVE APT 103

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 Dog	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	_Title	Name	<u>Addres</u> s
1) Change	P	RAIDEL RODRIGUEZ	10374 SW 212 AVE APT 103
Add			MIAMI, FL 33189
X Remove			
2) Change	VP	YUSELYS LINARES LEAL	10374 SW 212 AVE APT 103
Add			MIAMI, FL 33189
X Remove			
3) Change	P	YUSELYS LINARES LEAL	10374 SW 212 AVE APT 103
X Add			MIAMI, FL 33189
Remove			
4) Change	 	·	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

P. 006

Attach additional she	ng additional Articles, entets, if necessary). (Be sp	ecific)			
					
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	Name - August - Augus	·			
					
•			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
				-	
If an amendment pr provisions for impl	ovides for an exchange, r ementing the amendment le, indicate N/A)	eclassification, or tif not contained j	cancellation of iss n the amendment	ued shares. itself:	
(д погаррасия	e, mancine WA)	•	, .		
					
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				·	

03/16/2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than th
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 wil document's effective date on the Department of State's records.	I not be listed as th
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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 03/21/2017	
Signature Raidal Rodriquez	
(By a director, 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)	
RAIDEL RODRIGUEZ	•
LTyped or printed name of person signing)	
PRESIDENT	
(Title of person signing)	