Page 1 of 2

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000253481 3)))



H180002534913ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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.\*\*

	- • •	
Emall	Address:	

# COR AMND/RESTATE/CORRECT OR O/D RESIGN H&H QUALITY LOGISTICS CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

10CT 17 188 P: 31

OCT 1 8 2016

C LEWIS

Electronic Filing Menu

Corporate Filing Menu

Help

#### COVER LETTER

TO: Amendment Section Division of Corpore			
NAME OF CORPORA	TION: H&H QUALITY L	OGISTICS CORPORATIO	N
DOCUMENT NUMBE			
	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
л	ENNY MEDINA		
		Name of Contact Person	1
T	HE ELITE CARRIER SER	VICES OF MIAMI LLC	•
	<del></del>	Firm/ Company	
12	2060 NW SOUTH RIVER I	OR	
	· · · · · · · · · · · · · · · · · · ·	Address	
M	EDLBY FL 33178	•	
. —	-	City/ State and Zip Code	• • • • • • • • • • • • • • • • • • •
YMEDI	NA@ELITECSOM.COM		
	•	ed for future annual report	notification)
	2-man address, (10 00 00	au tot tuesta manni tahott	
For further information of	concerning this matter, pleas	se call:	
JENNY MEDINA		at (305	4052600
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	O\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Amend Divisio Clifton 2661 B	Address Iment Section In of Corporations Building xecutive Center Circle

81202 GALED SALES AND SALES OF CAREER SALES OF CORPORAGE

2016 OCT 17 AM 8: 59

#### Articles of Amendment

to
Articles of Incorporation

of

(Name of Corpora	tion as currently filed with the Florida Dept. of State)
215000085178	•
(Docu	ment Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Flori s Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendm
If smending name, enter the new name of the	corporation:
	The ne
ame must be distinguishable and contain the wo Carp.," "Inc.," or Ca.," or the designation "Cor word "chartered," "professional association," or th	ord "corporation," "company," or "incorporated" or the abbreviation," "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A."
. Enter new principal office address, if applicab	ole: DDRESS)
Enter new mailing address, if applicable:	•
(Mailing address MAY BE A POST OFFICE B	<u> </u>
<ul> <li>If amending the registered agent and/or registered agent and/or the new registered</li> </ul>	tered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
Non Produced Office Address	
New Registered Office Address:	, Florida
ew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	egistered Agent: . I am familiar with and accept the obligations of the position.
Si	enature 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address ·
I) Change	P	HARRYS A. MARTINEZ RUIZ	13947 SW 44TH LANE CIRCLE
Add			#B
X Remove			MIAMI, FL 33175
2) X Change	P	HAL H. KEENE	13947 SW 44TH LANE CIRCLE
Add			#B
Remove			MIAMI, FL 33175
3) Change	VP	OSVALDO J. MORALES	13947 SW 44TH LANE CIRCLE
X Add	<u> </u>		#B
Remove			MIAMI, FL 33175
4) Change	•		
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add		•	
Remove			

FAX No. 3053581202

<u>If amonding or adding additional Arti</u> Attach <i>additional sheets, if necessary)</i> .	(Be specific)
<b></b>	
	·
	<u> </u>
•	
[f an amendment provides for an exc]	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	indment if not contained in the amendment itself:
(y nos apparaote, maicute twx)	
•	

P. 008

## 2016 OCT 17 AM 8: 59

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, if Other than the
10/13/2016	
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 document's effective date on the Department of State's records.	date, will 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 amendmen by the shareholders was/were sufficient for approval.	t(8)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent .
"The number of votes cast for the mnendment(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.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated  Signature  (Byla director, president or other officer – if directors or officers have not bee selected, bylan incorporator – if in the hands of a receiver, trustee, or other of appointed fiduciary by that fiduciary)  HARRYS A. MARTINEZ RUIZ	
(Typed or printed name of person signing)	
OWNER	
(Title of person signing)	