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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

: (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.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN LADR TRANSPORT INC

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Corporate Filing Menu

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9/19/2017

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: LADR TRANS	 Port inc
NAME OF CORPORATION:	<u> </u>
DOCUMENT NUMBER: P16000049779	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
JENNY MEDINA	
	Name of Contact Person
THE ELITE CARRIER S	ERVICES OF MIAMI LLC
	Firm/ Company
12060 NW SOUTH RIV	BR DR
	Address
MEDLEY, FL 33178	
	City/ State and Zip Code
ymedina@elitecsom.c	 DM
	e used for future annual report notification)
For further information concerning this matter,	please call:
JENNY MEDINA	at (305) 405-2600
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount r	ade payable to the Florida Department of State:
\$35 Filing Fee	
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
ŕ	Tallahassee, FL 32301

Articles of Amendment

	to Articles of Incorporation	
	of	
LADR TRANSPORT INC		54-4-
(Name of Corp.	oration as currently filed with the Florida Dept. of	<u>State</u>)
P16000049779		
- C	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	 Iorida Statutes, this <i>Florida Profit Corporation</i> adopt 	s the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of B. Enter new principal office address, if appl		td" or the abbreviation i name must contain the
(Principal office address MUST BE A STREET	(ADDRESS)	
		·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	
	Torres address in Florida autor the name	of the
D. If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in Florida, enter the name interest office address;	<u> 71.105</u>
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		lorida(Zip Code)
	(City)	(ZIP Code)
ľ		
New Registered Agent's Signature, if changi	ng Registered Agent:	بند
I hereby accept the appointment as registered	ng Kegisterea Agent: igent. I um familiar with and accept the obligations o	of the fosition
}}		
		SEP -
	Stgnature of New Registered Agent, if changing	- 88. - 9
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		2 6
J†		

_ Remove

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice a Executive Officer; CFO heid President, Treasure	nndlor D if necess rector title President Chief F r, Directo in the fo	irector being ary) e by the first li ; T= Treasure Financial Offic or would be P llowing mann orporation, Se	added:	tee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office. T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
X Change	PT	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		A didease
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	·	Address
1) Change	<u>s</u>	JA	VIER HERNANDEZ	10940 SW 160TH ST
Add				MIAMI FL 33157
X Remove				
2) Change		_		
Add		i		
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add		IJ		
Remove				
5) Change		[
Add				
Remove				
6) Change				
Add				

attach additional sheets, if necessary).	(Be specific)
<u> </u>	
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	<u> </u>
If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	//2017, if other than the
The date of each amendment(s) adoption:	, it office that the
into this document was signed.	
09/19/17	
Effective date if applicable:	to an in the second sec
!	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the late's records.
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the si by the shareholders was/were sufficient for ap	proholders. The number of votes cast for the amendment(s) proval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting g	chareholders through voting groups. The following statement troup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	iment(s) was/were sufficient for approval
ber	
by(voti	ng group)
action was not required.	oard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the i action was not required.	ncorporators without shareholder action and shareholder
09/19/2017	
DatedSignature	
(NVA) director, presi	dent or other officer - if directors or officers have not been
spleated, by an inco	rporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary	
/	ENTURA VALDES
/	Typed or printed name of person signing)
PRESIDEN	 T T
	(Title of person signing)
	11