

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.

(((H19000311974 3)))



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 : T20120000040 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:

G

ம் ĉ

с.

COR AMND/RESTATE/CORRECT OR O/D RESIGN KONAK CORP.

| 0 |
|---------|
| 0 |
| 01 |
| \$35.00 |
| |

2019 OCT 21 AH 9: ယ

:]

Electronic Filing Menu

Corporate Filing Menu



Help

https://efile.sunbiz.org/scripts/efilcovr.cxc

10/21/2019

Oct. 21. 2019 3:36PM THE ELITE CARRIER SERV

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

DOCUMENT NUMBER: P17000058198

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIDIANIS MILLAR

Name of Contact Person

THE FLITE CARRIER SERVICES OF MIAMI

Firm/ Company

12060 NW SOUTH RIVER DRIVE

Address

MEDLEY, FL 33178

City/ State and Zip Code

LMILLAR@ELITECSOM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| LIDIANIS MILLAR | at (³⁰⁵ | 405-2600 | |
|-------------------------|---|---------------------|-----------|
| Name of Contact Person | - · · · · · · · · · · · · · · · · · · · | : & Daytime Telepho | ne Number |
| Manie of Contact Terson | 111011 COUV | te mysime receime | |

Enclosed is a check for the following amount made payable to the Florida Department of State:

📓 \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 P.xecutive Center Circle Tallahassee, FL 32301

Oct. 21. 2019 3:36PM THE ELITE CARRIER SERV

1 () () () ()

No. 3220, P. 4

.

| 2019 | 0CT | 21 | I AM | 9: | 35 |
|------|--------|----|------|----|-----|
| | Se 2 1 | | | - | ~~~ |

: .

.

Articles of Amendment to Articles of Incorporation

| | of |
|---|---|
| KONAK CORP | · · |
| (Name of Corporation | n as currently filed with the Florida Dept. of State) |
| P17000058198 | |
| (Docume | ent Number of Corporation (if known) |
| Parsuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(x) |
| A. If amending name, enter the new name of the corr | poration: |
| | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association," or the a | "corporation," "company," or "incorporated" or the abbreviation "The," or "Co". A professional corporation name must contain the bbreviation "P.A." |
| B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u> | (<u>E.S.S</u>) |
| | ····· |
| C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>) |) |
| | |
| | |
| D. If amonding the registered agent and/or registered new registered agent and/or the new registered of | |
| Name of New Registered Agent | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| <u>New Registered Agent's Signature, if changing Regist</u> Thereby accept the appointment as registered agent. I a | <u>tered Agent:</u> am familiar with and accept the obligations of the position |
| | |
| Signat | ure 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:

John Doe

PT

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 Y. There is a change, Mike Jones leaves the corporation, Sally Smith is named the Y and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SY as an Add.

| EX; | 4III | րթ | e: |
|-----|------|-----|-----|
| X | Ch | lar | nge |

1

.

| ···· C | | | |
|--------------------------------------|-----------------|-----------------|--|
| X Remove | <u>V Mik</u> | e Jones | |
| <u>X</u> Add | <u>SV Sall</u> | <u>y Smith</u> | |
| <u>Type of Action</u> (Check One) | Title | Name | Address |
| 1) Change | PSD | JORGE ALMARALES | 101 FAIRWAY DRIVE |
| Add | | | MIAMI, FL 33166 |
| X Remove | | | |
| 2) Change | <u></u> | | |
| Add | | | · |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | · |
| 4) Change | | | <u> </u> |
| Add | | | <u>. </u> |
| Remove | | | |
| 5) Change _ | · / · - · · - · | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

· · · · ·

.

| | | (Re specific) | | | | |
|---|---|--|---------------------|----------------------|---------|-------|
| | | | | | | |
| | <u> </u> | | | · · · | | |
| | | | | | | |
| | | , | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | - | | | | |
| | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | |
| | | | · <u></u> | | | |
| | | | | | | |
| ···· | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | · · · - | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | ····· | | |
| | | | | | | |
| | · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | |
| | | · · -· | | | | |
| | | | | | | |
| | · · · - | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | lon on concellatio |) of issued shares, | | |
| an amendment pr | ovides for an excl | hange, reclassificat | TOTE OF CHILCCHNED | | | |
| provisions for impl | ementing the ame | hange, reclassificat | tained in the amend | <u>lment itself:</u> | | |
| provisions for impl | prides for an excl ementing the ame le, indicate N/A) | hange, reclassificat endment if not cont | tained in the amen | <u>lment itself:</u> | | |
| provisions for impl | ementing the ame | hange, reclassificat endment if not cont | tained in the ameny | <u>lment itself;</u> | | |
| provisions for impl | ementing the ame | hange, reclassificat andment if not cont | tained in the amen | <u>lment itself;</u> | | |
| provisions for impl | ementing the ame | hange, reclassificat andment if not conf | tained in the amen | <u>lment itself:</u> | | |
| provisions for impl | ementing the ame | hange, reclassificat endment if not conf | tained in the amen | <u>lment itself:</u> | | |
| provisions for impl | ementing the ame | hange, reclassificat endment if not conf | tained in the amen | <u>lment itself:</u> | | |
| provisions for impl (if not applicab | ementing the ame | hange, reclassificat endment if not conf | tained in the amen | <u>Iment itself:</u> | | |
| provisions for impl (if not applicab | lementing the ame le, indicate N/A) | hange, reclassificat endment if not conf | tained in the amen | <u>Iment itself:</u> | | |
| provisions for impl (if not applicab | lementing the ame le, indicate N/A) | hange, reclassificat endinent if not conf | tained in the amen | <u>Iment itself:</u> | | |
| provisions for impl (if not applicab | lementing the ame le, indicate N/A) | h <u>ange, reclassificat</u> endm <u>ent if not con</u> f | tained in the amen | <u>Iment itself:</u> | | |
| or <u>avisions for impl</u> (if not applicab | lementing the ame le, indicate N/A) | hange, reclassificat endinent if not conf | tained in the ameur | <u>iment itself:</u> | | |
| provisions for impl (if not applicab | lementing the ame le, indicate N/A) | hange, reclassificat endinent if not conf | tained in the ameur | <u>iment itself:</u> | | |
| or <u>avisions for impl</u> (if not applicab | ementing the ame le, indicate N/A) | endment if not cont | tained in the ameur | <u>iment itself:</u> | | · · · |
| or <u>avisions for impl</u> (if not applicab | ementing the ame le, indicate N/A) | hange, reclassificat endinent if not conf | tained in the ameur | <u>iment itself:</u> | | |
| or <u>avisions for impl</u> (if not applicab | ementing the ame le, indicate N/A) | endment if not cont | tained in the ameur | <u>iment itself:</u> | | |
| provisions for impl (if not applicab | ementing the ame le, indicate N/A) | endment if not cont | tained in the ameur | <u>iment itself:</u> | | |

Oct. 21. 2019 3:37PM THE ELITE CARRIER SERV

· · · · ·

No. 3220 P. -7

| 10/21/2019 |
|--|
| The date of each amendment(s) adoption:, if other than the date this document was signed. |
| 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 not be listed as the document's effective date on the Department of State's records. |
| 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 |
| hy"." |
| 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. |
| 10/21/2019 |
| Dated/ |
| Signature NGCONYS |
| 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) |
| MAURYS RIOS MILANES |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |
| |