

U50009417

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : A & L CARRIER SERVICES INC.
Account Number : I2011000033
Phone : (786)360-2879
Fax Number : (786)362-5270

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TALLAHASSEE, FLORIDA

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

Email Address: Info@alcarrierservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FABRIVER TRUCKS, LLC

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S. YOUNG

Jun. 23. 2015 12:56PM

No. 5399 P. 4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACC MULTISERVICES, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Manuel Garcia

Name of Person

ACC MULTISERVICES, LLC

Firm/Company

20900 NE 30TH AVENUE SUITE 716

Address

AVENTURA FL 33193

City/State and Zip Code

info@alcarrierservices.com

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

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

A & L CARRIER SERVICES INC at 786 360-2879
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AGC MULTISERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/29/2015 and assigned Florida document number L15000094917

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

16285 SW 71ST TERR

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33193

Enter new mailing address, if applicable:

16285 SW 71ST TERR

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33193

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

_____ _____ _____ Add

_____ _____ _____ Remove

_____ _____ _____ _____

_____ _____ _____ Add

_____ _____ _____ Remove

_____ _____ _____ _____

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 23, 2015



 Signature of a member or authorized representative of a member
MANUEL GARCIA

 Typed or printed name of signer

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