

L21000264968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

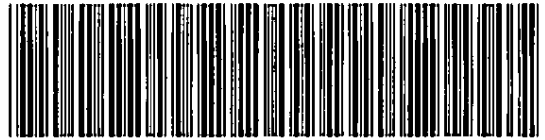
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2022 MAR -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAY 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TORRES TRUCKING FLORIDA LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREISY SUAREZ

Name of Person

DIRECT SOLUTION SERVICES

Firm/Company

1248 VISCAYA PKWY

Address

CAPE CORAL FL 33909

City/State and Zip Code

PERMITS@DIRECTSOLUTIONSERVICES.COM

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

For further information concerning this matter, please call:

GREISY SUAREZ

239

4435846

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$10.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAR -3 AM 8:55

TORRES TRUCKING FLORIDA LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/06/2019 and assigned
Florida document number L21000264968

This amendment is submitted to amend the following:

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

AR & AL XPRESS LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Zip Code

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

I hereby accept this amendment 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

Effective date, if other than the date of filing: _____ (optional)
 If other than the date of filing, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. (Pursuant to 40S-C-207 (b)(4).)
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.

Dated 05 APRIL.

TORRES GOMEZ, LUIS

Typed or printed name of signer

Filing Fee: \$25.00