## 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.

(((H21000436812 3)))



H210004368123ABC.

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)617-6383

From:

: A & L CARRIER SERVICES INC. Account Name

Account Number : I20110000033

: (786)360-2879

Fax Number

: (786)362-5270

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN P.F.Z LOGISTICS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 0 1 2021 A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

p.5

## **COVER LETTER**

	istration Sec sion of Corp				
	P.F.Z LOGIS	STICS LLC			
SUBJECT:		Name of Lim	ited Liability Company		2879  Daytime Telephone Number
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		ABISAEL FUENTES			
		<u>-</u> -	Name of Person	<del></del>	<del></del>
		P.F.Z LOGISTICS L.L.C			
			Firm/Company		
		5240 NW 4TH TER			
			Address		
		MIAMI FL 33126			
			City/State and Zip Code	;	
		INEO@YFCYBBIEBGER/			
				I report notification)	
For further inf	formation con	cerning this matter, please co	All.		
AL CARRIER SERVICES INC			60-2879		
	Name of P	erson	Aren Code	Daytime Telepho	one Number
Enclosed is a c	theck for the	following amount:			
用 \$25,00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	III \$55.00 Piling Fee Certifled Copy (additional copy is en		\$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

p.6

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

## ARTICLES OF AMENDMENT AR

TO SEE TO  ARTICLES OF AMENDMENT  TO  ARTICLES OF ORGANIZATION
ARTICLES OF ORGANIZATION 5
P.F.Z.LOGISTICS LLC
P.F.Z.LOGISTICS LLC  (Name of the Limited Liability Company as It now appears on our records.)  (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on 11/30/2021 and assigned
Jorida document number L21000460807
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
the new name most be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)

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:

\_, Florida \_\_\_

Enter Florida street address

## 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 Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	IGNACIO A PIMIENT FLORES	5240 NW 4TH TER	\frac{1}{2} \lambda \text{Add}
		MIAMI, FL 33126	[]Remov <del>e</del>
			[]Change
<del></del>			□ Add
			□Remove
			□Change
			ClAdd
			[]Change
			□Add
		<del></del>	Remove
			☐ Change
			□Add
			□Remove
			□Сhяпде
<del></del>			bb∆Cl
			C Remove
			Claren

p.8

							_
		<del>_</del> _					
				······	<u> </u>		
							<del></del> -
	<u>.                                    </u>		<del></del>		_		_
						202	¥:,
<del> </del>						NON	
	· · ·		·		<del></del>		
	<u> </u>					30	_8;
						A	- 13 ( - 13 (
<u> </u>		<del></del>	111			Ö	- 2
	<del></del>		<del></del>				- j
			*** <del>=</del>				
					•		
		. <u>-</u>	<del></del>				_
				<del> </del>	<del></del>		_
ective date, if other than th	e date of filir	11/30/202	.1		(optiona	l)	
n effective date is listed, the date m	ist be specific ar	nd cannot be pric	or to date of filin	ng or more than s	O days after filit	ng.) Pursuant to 6 te will not be fi	05,020 stert a
te; If the date inserted in this tument's effective date on the	dek does not Department of	State's record	S.	y ming require	mona, ano da		
cord specifies a delayed effect	ve date, but no	ot an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day af	ter the
s filed.							
NOVEMBER 30		2021					
	<del></del>	-,	•				
ed	A						
Musaell	Ación	Jet l		ntative of a men			