

L23 000135897  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : IDEAS CARVAJAL LLC  
Account Number : I20220000006  
Phone : (321)333-5565  
Fax Number : (407)520-5473

2011-02-23 11:12:39

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

Email Address: \_\_\_\_\_

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LLC TRUCKING INC.

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A & M THREE COMPANY 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:

ALEJANDRO J MIJARES VALERO  
Name of Person  
A & M THREE COMPANY LLC  
Firm/Company  
1438 DORADO DRIVE APT B  
Address  
KISSIMMEE FL 34741  
City/State and Zip Code  
ALEJMV81@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2023/11/23 11:12:39

For further information concerning this matter, please call

ALEJANDRO J MIJARES VALERO 407 866-5539  
Name of Person at ( ) 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARLEINS DEL VALLE OCHOA CHUELLO	1438 DORADO DRIVE APT B	<input checked="" type="checkbox"/> Add
		KISSIMME, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

2023  
MAR 28 PM 12:39

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 28, 2023

Signature of a member or authorized representative of a member

ALEJANDRO J. MIJANGUS VALERO

Typed or printed name of signee