

MAD00017271

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 : LAXMY'S CARRIER SERVICES  
 Account Number : I20040000007  
 Phone : (305)640-0281  
 Fax Number : (305)489-2902

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

Email Address: LAXMYSCARRIER1@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ALFA STEP TRUCKS TWO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	<b>\$25.00</b>

2023 APR 17 PM 3:17  
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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALFA STEP TRUCKS TWO LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERSON NADAL  
Name of Person

ALFA STEP TRUCKS TWO LLC  
Firm/Company

1450 BRICKELL AVENUE, 23RD FLOOR  
Address

MIAMI, FL 33131  
City/State and Zip Code

LAXMYSCARRIER1@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON at (305) 640-0281  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: DELAWARE

Enter new principal office 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)*

2. The Florida document number of this limited liability company is: M22000017271

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 11/15/2022

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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.*

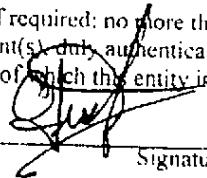
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NADAL, GERSON	509 E SHERIDAN STREET APT 301	<input type="checkbox"/> Add
		DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Remove
MGR	MARTIN, GUY M.	10970 SW 30TH CT	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s) duly authenticated by the official having custody of records in the jurisdiction under the law of which the entity is organized.



Signature of the authorized representative

GERSON NADAL

Typed or printed name of signee

Filing Fee: \$25.00