

L05000109117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

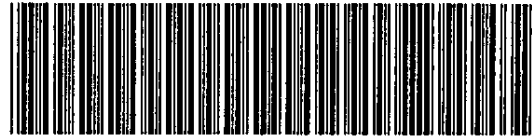
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DEC 10 2012

EXAMINER



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FILED
12 DEC - 7 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALXIO LAND SERVICES 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:

AL GIORDANO

Name of Person

ALXIO LAND SERVICES LLC

Firm/Company

6408 CAUSEWAY BLVD

Address

TAMPA, FL 33619

City/State and Zip Code

ALX41@VERIZON.NET

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

For further information concerning this matter, please call:

AL GIORDANO

813 917-9523

at ()

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**

ALXIO LAND SERVICES 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 11/10/2005 and assigned
Florida document number L0500019117

This amendment is submitted to amend the following:

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

ALFIE'S HEAVY TOWING & TRANSPORT LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

6408 CAUSEWAY BLVD

TAMPA, FL 33619

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6408 CAUSEWAY BLVD

TAMPA, FL 33619

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 TALLAHASSEE, FLORIDA

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:

AL GIORDANO

New Registered Office Address:

6408 CAUSEWAY BLVD

Enter Florida street address

TAMPA

33619

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 608, 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.

AL GIORDANO
If Changing Registered Agent, Signature of New Registered Agent

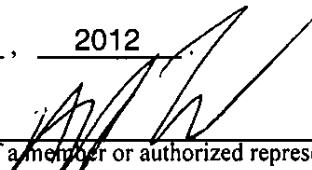
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AL GIORDANO	6408 CAUSEWAY BLVD TAMPA, FL 33619	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	WHITNEY L GIORDANO	6408 CAUSEWAY BLVD TAMPA, FL 33619	<input checked="" type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated APRIL 30, 2012



Signature of a member or authorized representative of a member

AL GIORDANO

Typed or printed name of signee