

Division of Corporations

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LO8000012930

Florida Department of State
Division of Corporations
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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) 640-0282

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09 JUL 14 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**ALLIED HEAVY HAULING, LLC**

Certificate of Status	0
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Page Count	01
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D. BRUCE

JUL 15 2009

EXAMINER**RECEIVED**

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALLIED HEAVY HAULING, 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:

MADELINE GONZALEZ

Name of Person

ALLIED HEAVY HAULING, LLC

Firm/Company

1581 WEST 49 STREET #240

Address

HIALEAH, FL 33012

City/State and Zip Code

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

For further information concerning this matter, please call:

MADELINE GONZALEZ

Name of Person

at (305)

910-7301

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALLIED Heavy Hauling, 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 02/05/2008 and assigned
Florida document number L08000012930.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1581 WEST 49 STREET #240

HIALEAH, FL 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1581 WEST 49 STREET #240

HIALEAH, FL 33012

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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:

MADELINE GONZALEZ

New Registered Office Address:

1581 WEST 49 STREET #240

Enter Florida street address

HIALEAH

Florida

33012

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.

Madeline Gonzalez
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	PATINO, NATALIA	3876 SW 112 AVE APT 303 MIAMI FL 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MADELINE GONZALEZ	1581 WEST 49 STREET #240 HIALEAH FL 33012	<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 07/14/2009

Signature of a member or authorized representative of a member

Natalia Patino

Typed or printed name of signee

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