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AUG 15 11:13AM

No. 5788

8/21/2015

Division of Corporations

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 : A & L CARRIER SERVICES INC.  
Account Number : I20110000033  
Phone : (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.\*\*

Email Address: Info@alcarrierservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GARCES LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 AUG 21 A 10:48

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830-017-0381

8/21/2015 11:13:04 AM PAGE 11001 FAX SERVER



August 21, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GARCES LLC  
11601 N.W. 89 ST  
MIAMI, FL 33178

SUBJECT: GARCES LLC  
REF: L14000132206

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC  
USE AMENDMENT FORM #2 UNDER FLORIDA LIMITED LIABILITY FORMS SECTION.  
Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M. Mason  
Regulatory Specialist II

FAX Aud. #: H15000201348  
Letter Number: 315A00017670

REC'D  
15 AUG 21 2015

AUG. 21. 2015 11:14AM

No. 5788 P. 7/11

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **GARCES 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:

**OCTAVIO G GARCIA CONTASTI**

Name of Person

**GARCES LLC**

Firm/Company

**11601 N.W. 89 ST**

Address

**MIAMI FL 33178**

City/State and Zip Code

**INFO@ALCARRIERSERVICES.COM**

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

For further information concerning this matter, please call:

**A & L CARRIER SERVICES INC** at **786** **360-2879**

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**

**GARCES 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 08/21/15 and assigned Florida document number 08/21/15.

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:

11601 N.W. 89 ST APT 105

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33178

Enter new mailing address, if applicable:

11601 N.W. 89 ST APT 105

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33178

**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:

New Registered Office Address:

11601 N.W. 89 ST APT 105

Enter Florida street address

MIAMI

Florida 33178

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**

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CLERK OF STATE  
TREASURY OF FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	SONIA CAROLINA ESPINAL LANDAETA	11601 N.W. 89 ST APT 105	<input checked="" type="checkbox"/> Add

MIAMI FL 33178 ☐ Remove

MGR	PEDRO J PEDRO	11601 N.W. 89 ST APT 105	<input checked="" type="checkbox"/> Add
-----	---------------	--------------------------	---

MIAMI FL 33178 ☐ Remove

MGR	OCTAVIO G GARCIA CONTASI	11601 N.W. 89 ST APT 105	<input checked="" type="checkbox"/> Add
-----	--------------------------	--------------------------	---

MIAMI FL 33178 ☐ Remove

☐ Add

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☒ Add

☐ Remove

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

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 21, 2015



Signature of a member or authorized representative of a member

OCTAVIO G GARCIA CONTASTI

Typed or printed name of signer

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Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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