

L14000179482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

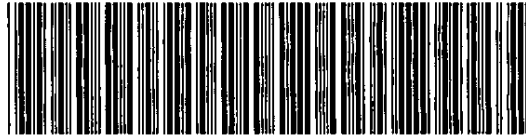
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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name confi.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 29 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2015

FABIO CASTIBLANCO  
2401 W. PRESERVE WAY, APT. 201  
MIRAMAR, FL 33025

SUBJECT: ALFA TRANSPORTATION LLC  
Ref. Number: L14000179482

We have received your document for ALFA TRANSPORTATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P09000040620 ALFA TOURS, INC..

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

Letter Number: 215A00025096

STATE OF FLORIDA

NOVEMBER 23, 2014

DIVISION OF CORPORATIONS

P O BOX 6327

TALLAHASSEE, FL. 32314

REF:

**ALFA TOURS LLC**

**CAMBIO DE AGENTE**

THE PURPOSE OF THIS LETTER IS TO INFORM WHAT NOT BE THE AGENT OF THE  
COMPANY ALFA TOURS LLC.

THANK YOU FOR YOUR ATTENTION.

ALEXANDER CRUZ.

ALEXANDER CRUZ

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AIFA TRANSPORTATION 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:

FABIO CASTIBLANCO  
Name of Person

AIFA TRANSPORTATION LLC  
Firm/Company

2401 W PRESERVE WSY APT. 201  
Address

MIRAMAR, FLORIDA 33025  
City/State and Zip Code

ADRIANAIVAREZ2090283@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABIO CASTIBLANCO at (954) 591-0004  
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

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15 DEC 28 PM 2:39  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ALFA TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records!)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L14000179482

This amendment is submitted to amend the following:

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

ALFA BAY TOURS, LLC

The new name must be distinguishable and contain 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)

2401 W PRESERVE WY #201  
MIRAMAR, FL. 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2401 W PRESERVE WY #201  
MIRAMAR, FL. 33025

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:

FABIO CASTIBLANCO

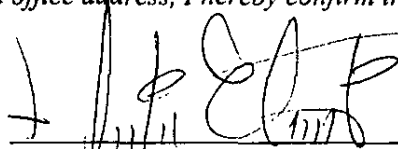
New Registered Office Address:

2401 W PRESERVE WY #201  
Enter Florida street address

MIRAMAR, Florida 33025  
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

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>
MGR	CRUZ ALEXANDER	5275 JAMBOREE PL	<input type="checkbox"/> Add
		MARGATE, FL. 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUZ ADRIANA BIVAREZ	2401 W PRESERVE WSY # 201	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL. 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA  
**FILED**  
 Change  
 Add  
 Remove  
 Change

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

Lined area for amending information.

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 12-15-2015

Handwritten signature of Pablo Castiblanco

Signature of a member or authorized representative of a member

PABLO CASTIBLANCO

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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