

L14000179482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

name confi.

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ALLAHASSEE, FLORIDA

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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.

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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TALLAHASSEE, FLORIDA

GIFA TRANSPORTATION

ALFA BAY TOURS, LLC

2401 W PRESERVE WSY #201
MIAMI, FL 33025

2401 W PRESERVE WSY #201
MIAMI, FL. 33025

FABIO CASTIBLANCO

2401 W PRESERVE WSY # 201
Enter Florida street address

Enter Florida street address

MIRAMAR

_____, Florida 33025
Zip Code

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

- If attending 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>
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MGR	CRUZ ALEXANDER	5275 JAMBOREE PL	<input type="checkbox"/> Add
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		MARGATE, FL. 33063	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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AMBR	LUZ ADRIANA	2401 W PRESERVE WSY	<input checked="" type="checkbox"/> Add
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ALVAREZ

		# 201	<input type="checkbox"/> Remove
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		MIRAMAR, FL. 33025	<input type="checkbox"/> Change
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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.

Dated

12-15-2015

Signature of a member or authorized representative of a member

PABLO CASTIBLANCO

Typed or printed name of signee

Filing Fee: \$25.00

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2015 DEC 28 P 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA