

6/23/2015 Jun. 23. 2015 12:56PM

Division of Corporations

No. 5300 P. 1

U50009417

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
FABRIVER TRUCKS, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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S. YOUNG

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TALLAHASSEE, FLORIDA

Jun. 23. 2015 12:56PM

No. 5399 P. 4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ACC MULTISERVICES, 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:

Manuel Garcia

Name of Person

ACC MULTISERVICES, LLC

Firm/Company

20900 NE 30TH AVENUE SUITE 716

Address

AVENTURA FL 33193

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

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15 JUN 23 PM 10:51
SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGC MULTISERVICES, 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 05/29/2015 and assigned Florida document number L15000094917

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

16285 SW 71ST TERR

MIAMI FL 33193

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16285 SW 71ST TERR

MIAMI FL 33193

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:

Enter Florida street address

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 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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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Jun. 23. 2015 12:57PM

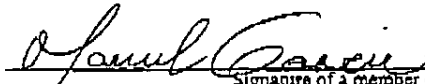
No. 5399 P. 7

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 JUNE 23, 2015



Signature of a member or authorized representative of a member

MANUEL GARCIA

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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