

7/29/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**L1500011732**

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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)489-2902

\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\*

Email Address: LAXMYSCARRIER@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALL IN LOGISTICS LLC

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JB  
7/30/21  
1/1

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ALL IN LOGISTICS 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:

YANIXA ROMERO

Name of Person

ALL IN LOGISTICS LLC

Firm/Company

11870 HIALEAH GARDENS BLVD UNIT 129B # 238

Address

HIALEAH GARDENS, FL 33018

City/State and Zip Code

LAXMYSCARRIER1@GMAIL.COM

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

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LAXMY CHACON

at ( 305 ) 640-0281

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 &  
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(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 Address:**

Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL IN LOGISTICS 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 06/26/2015 and assigned Florida document number L15000111732.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

11711 SW 251ST STREET

(Principal office address MUST BE A STREET ADDRESS)

HOMESTEAD, FL 33032

Enter new mailing address, if applicable:

11711 SW 251ST STREET

(Mailing address MAY BE A POST OFFICE BOX)

HOMESTEAD, FL 33032

**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:

SUANLYS ALVAREZ

New Registered Office Address:

15452 SW 183TH TERR

*Enter Florida street address*

MIAMI

*City*

Florida 33187

*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	YANIXA ROMERO	11870 HIALEAH GARDENS BLVD	<input type="checkbox"/> Add
		UNIT 129B # 238, HIALEAH GDNS, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUANLYS ALVAREZ	11711 SW 251ST ST	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TAL LAHASSER, FLORIDA

7-13

E. Effective date, if other than the date of filing: 07/29/21 (optional)  
(If an effective date is listed, the date must be on or after the date of filing.)

(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 JULY 29TH 2021

*[Handwritten signature]*

YANIXA ROMERO

Typed or printed name of signee

**Filing Fee: \$25.00**