

C17000237633

Nov. 27. 2017 12:14PM  
11/27/2017

Division of Corporations

No. 2153 P. 1

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@alcarrier.com

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17 NOV 27 AM 8:53  
TALLAHASSEE, FLORIDA  
STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BANGARANG TRUCKING LLC

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

J. LEGGETT  
NOV 28 2017

2017 NOV 27 PM 1:33

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BANGARAN TRUCKING 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:

DEVIN JERMAINE DOE

Name of Person

Bangaran Trucking LLC

Firm/Company

433 PLAZA REAL STE 275

Address

BOCA RATON, FL , 33432

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**

**BANGARANG TRUCKING 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 11/16/2017 and assigned Florida document number L17000237633.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

DEVIN JERMAINE DOE

New Registered Office Address:

433 PLAZA REAL STE 275

Enter Florida street address

BOCA RATON

City

Florida 33432

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>                      |
|--------------|--------------------|------------------------|--|
| MGR          | DEVIN JERMAINE DOE | 433 PLAZA REAL STE 275 | <input checked="" type="checkbox"/> Add    |
|              |                    | BOCA RATON , FL, 33432 | <input type="checkbox"/> Remove            |
| MGR          | LIZ GONZALEZ       | 433 PLAZA REAL STE 275 | <input type="checkbox"/> Add               |
|              |                    | BOCA RATON, FL , 33432 | <input checked="" type="checkbox"/> Remove |
|              |                    |                        | <input type="checkbox"/> Add               |
|              |                    |                        | <input type="checkbox"/> Remove            |
|              |                    |                        | <input type="checkbox"/> Add               |
|              |                    |                        | <input type="checkbox"/> Remove            |
|              |                    |                        | <input type="checkbox"/> Add               |
|              |                    |                        | <input type="checkbox"/> Remove            |
|              |                    |                        | <input type="checkbox"/> Add               |
|              |                    |                        | <input type="checkbox"/> Remove            |

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

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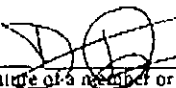
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida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

Dated 11/27, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DEVIN JERMAINE DOE

\_\_\_\_\_  
Typed or printed name of signee

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17 NOV 27 AM 8:53  
TALLAHASSEE, FLORIDA