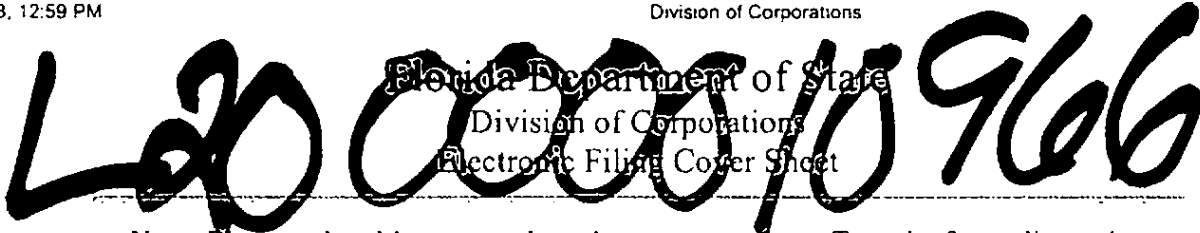


6/16/23, 12:59 PM

Division of Corporations



**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000216876 3)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

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@alcamerservices.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALPIZAR TRUCKING LLC**

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

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2023 JUN 16 PM 2:21

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 JUN 16 AM 11:25

LTD

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JUN 19 2023

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ALPIZAR 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:

YAISEL ALPIZAR

\_\_\_\_\_  
Name of Person

ALPIZAR TRUCKING LLC

\_\_\_\_\_  
Firm/Company

5107 SW 139TH PL

\_\_\_\_\_  
Address

MIAMI FL 33175

\_\_\_\_\_  
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:

AL CARRIER SERVICES INC

786 360-2879

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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 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

ALPIZAR 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 01/03/2020 and assigned Florida document number L20000010966.

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:

**(Principal office address MUST BE A STREET ADDRESS)**

8281 NW 167TH TER

MIAMI LAKES FL 33016

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

8281 NW 167TH TER

MIAMI LAKES FL 33016

**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:

ARIEL CALZADA TORRES

New Registered Office Address:

8281 NW 167TH TER

*Enter Florida street address*

MIAMI LAKES

*City*

, Florida 33016

*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.*

*Yasiel Alpizar*

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	YAISEL ALPIZAR	5107 SW 139TH PL	<input type="checkbox"/> Add
		MIAMI, FL 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARIEL CALZADA TORRES	8281 NW 167TH TER	<input checked="" type="checkbox"/> Add
		MIAMI LAKES FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

F. Effective date, if other than the date of filing: 06/16/2023 (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 JUNE 16, 2023

Yasiel Alpizar  
Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

YASIEL ALPIZAR

Typed or printed name of signee