

8/16/23, 3:22 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L20000325543

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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**  
**SAFETY FREIGHT LOGISTICS LLC**

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Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA2023 AUG 16 AM 7:57  
SAFETY FREIGHT LOGISTICS LLC  
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AUG 17 2023

K. Brumbley

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: SAFETY FREIGHT 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:

LUZ A VISCONTI

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

SAFETY FREIGHT LOGISTICS LLC

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

1540 SW 171ST TER

\_\_\_\_\_  
Address

PEMBROKE PINES FL 33027

\_\_\_\_\_  
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

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

\_\_\_\_\_  
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,  
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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

SAFETY FREIGHT 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 01/11/2021 and assigned  
Florida document number L20000325543.

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:

1540 SW 171ST TER

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33027

Enter new mailing address, if applicable:

1540 SW 171ST TER

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33027

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:

GABRIEL MARCELO VISCONTI

New Registered Office Address:

1540 SW 171 ST TERR

*Enter Florida street address*

PEMBROKE PINES

*City*

, Florida 33027

*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.*

Gabriel Marcelo Visconti

If Changing Registered Agent, Signature of New Registered Agent

APPROVED  
AND  
FILED  
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IN  
FLORIDA  
CLERK OF  
COURT  
TALLAHASSEE

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>
AM	LUZ A VISCONTI	1540 SW 171ST TER	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gabriel Marcelo Visconti	1540 SW 171ST TER	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<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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E. Effective date, if other than the date of filing: 08/16/2023 (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 August 18 2023

Lucy Visconti

Signature of a member or authorized representative of a member

Gabriel Marcelo Visconti

Typed or printed name of signee

**Filing Fee: \$25.00**