

L210000913018

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000091498 3)))



H210000914983ABC1

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@alcarrierservices.com

2021 MAR -8 AM 9:37

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OTELLO & BAME CRANES TRUCKS LLC**

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

MAR - 8 2021

M. SOLOWAY

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OTELLO & BAME CRANES TRUCKS 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:

OSCAR E BARRIENTOS GRATEROL

Name of Person

OTELLO & BAME CRANES TRUCKS LLC

Firm/Company

3816 HUNT RD APT 202

Address

TAMPA, FL 33614

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.

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 &
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

2021 MAR -8 AM 9:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OTEILLO & BAME CRANES TRUCKS 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 02/11/2021 and assigned
Florida document number L21000073018.

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)

2335 JERNIGAN LOOP

KISSIMMEE FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2335 JERNIGAN LOOP

KISSIMMEE FL 34746

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:

2335 JERNIGAN LOOP

Enter Florida street address

KISSIMMEE

City

, Florida 34746

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>
	Oscar E Barrientos Graterol	2335 JERNIGAN LOOP	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Andres G Melendez Nicoua	2335 JERNIGAN LOOP	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Miguel A Romoli Mosqueda	2335 JERNIGAN LOOP	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 MAR -8 AM 9:37

FILED

11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

2021 MAR -8 AM 5:37

1

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.

Oscar E. Baruch
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00