

5/9/23, 4:15 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L2200047754**

**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.

(((H23000173552 3)))



H230001735523ABC

**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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**BLU HORSE TRANSPORT LLC**

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

2023 MAY -9 PM 5:32

ARTICLE  
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 10 2023

**COVER LETTER.**

TO: Registration Section  
Division of Corporations

SUBJECT: BLU HORSE TRANSPORT 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:

ELIODAN HONDARES

Name of Person

BLU HORSE TRANSPORT LLC

Firm/Company

101 W 25TH ST APT 3

Address

HIALEAH FL 33010

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 &  
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

BLU HORSE TRANSPORT 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 01/26/2022 and assigned  
Florida document number L22000047754.

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:

8112 NW 164TH TER

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

MIAMI LAKES FL 33016

Enter new mailing address, if applicable:

8112 NW 164TH TER

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

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:

ABIMAEEL FUENTE

New Registered Office Address:

8112 NW 164TH 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.*



If Changing Registered Agent, Signature of New Registered Agent

2023 MAY -9 PM 1:32

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ELIODAN HONDARES	101 W 25TH ST APT 3	<input type="checkbox"/> Add
		HALEAH, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADIMAEEL FUENTE	8112 NW 164TH TERR	<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
			<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

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

E. Effective date, if other than the date of filing: 01/26/2022 (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 MAY 09 2023

Elwood H. Kennedy

Signature of a member or authorized representative of a member

Eliodan Hondarcs

Typed or printed name of signee

**Filing Fee: \$25.00**