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Division of Corporations

6/27/22, 3:40 PM

Florida Department of State Division & Como Patens

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To:

Division of Corporations

7866867770 2022-06-27 16:51:04

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@alarnerServices.com.

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

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Corporate Filing Menu

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JUN 28 2022

Tallahassee, FL 32314

COVER LETTER

TO: Registration Se Division of Cor		•	
	TRUCKING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	andence concerning this matter	to the following:	
	REYNALDO ALMANZA		
		Name of Person	
	REYNOL TRUCKING L	rc	
		Firm/Company	
	22042 SW 126 AVE		
		Address	
	MIAMI, FL 33170		
		City/State and Zip Code	
	INFO@ALCARRIERSER		776
		to be used for future annual report not	arcanon)
For further information of	oncerning this matter, please c		
REYNALDO ALMANZ	ZA	305 775 4006 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration So	
Division of C		Division of Co The Centre of	
P.O. Box 632 Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Compa Florida Limited	ny as it now appears on ou Liability Company)	ir records.)			
bility Company	were filed on 06/22/202	22	and	assign	cd
vino.					
	ility company here:				
ds "Limited Liabi	lity Company," the designati	ion "LLC" or the a	bbreviation	"L.L.C.	"
ble:	4350 NW 8TH TERR	APT 417			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		MIAMI FL 33126			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		APT 417			- _
gistered office here:	address on our record	s, <u>enter the nan</u>	ne of the	ne 022 JUH 2	gistered
4350 NW 8TH	TERR APT 417			7	
MIAMI	Enter Florida stre		3126: -	:21 Kc	
	City	, Florida			
	bility Company ving: the limited liab ble: (ADDRESS) OX) gistered office here:	bility Company were filed on O6/22/202 ving: the limited liability company here: rds "Limited Liability Company," the designate ble: 4350 NW 8TH TERR MIAMI FL 33126 4350 NW 8TH TERR MIAMI FL 33126 gistered office address on our records here: 4350 NW 8TH TERR APT 417 Enter Florida stree MIAMI	the limited liability company here: Index "Limited Liability Company," the designation "LLC" or the all the second secon	bility Company were filed on O6/22/2022 and oving: the limited liability company here: ds "Limited Liability Company," the designation "LLC" or the abbreviation of the Harman street address on our records, enter the name of the here: 4350 NW 8TH TERR APT 417 MIAMI FL 33126 gistered office address on our records, enter the name of the here: 4350 NW 8TH TERR APT 417 Enter Florida street address MIAMI , Florida 33126: -	bility Company were filed on 06/22/2022 and assigned wing: the limited liability company here: rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C. the: 4350 NW 8TH TERR APT 417 MIAMI FL 33126 4350 NW 8TH TERR APT 417 MIAMI FL 33126 gistered office address on our records, enter the name of the new rechere: 4350 NW 8TH TERR APT 417 Enter Florida street address MIAMI FL 33126: 70 MIAMI FL 33126:

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 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

Title	<u>Name</u>	Address	Type of Action
		4350 NW 8TH TERR APT 417	□Add
		MIAMI FL 33126	□Remove
			≅ Change
			□Add
			□Remove
			□ Add
			□Remove
			□ Change
			□Remove
			□Add
			□Romave
			CChange
			□Add
			Remove
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Effective date, if other than the dat if an effective date is listed, the date must be: Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable st	of filing or more than 90 days after atutory filing requirements, this	filing.) Pursuant to 605,0207 (.
e record specifies a delayed effective da ed is filed.	te, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2022		
To.			
Sign	nature of a member or authorized r	epresentative of a member	
REYNALDO ALMANZA			

Filing Fee: \$25.00