

L24 0000083358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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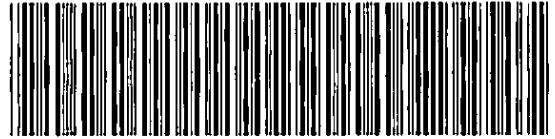
(Business Entity Name)

(Document Number)

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2024 MAR -1 PM 4:37

2024 MAR -1 PM 4:51 ALABAMA SEC. 110000

AB

COVER LETTER

Registration Section
Division of Corporations

AMS AUTO CARRIER LLC

NAME:

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALIET DIAZ FERNANDEZ

Name of Person



Firm/Company

3330 GRANT COVE CIR 6-208

Address

CAPE CORAL FL 33991

City/State and Zip Code

AMAUTOCARRIER1@GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ALIET DIAZ FERNANDEZ

832

703-3475

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**

FILED

AMS AUTO CARRIER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
MAY 1 2024

Articles of Organization for this Limited Liability Company were filed on 02/16 2024 and assigned
Florida document number 124000083358

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:

ALIJET DIAZ FERNANDEZ

(Principal office address MUST BE A STREET ADDRESS)

3330 GRANT COVE CIR 6-208 CAPE CORAL FL 33991

new mailing address, if applicable:

522 NW 15TH ST CAPE CORAL FL 33993

(Mailing address MAY BE A POST OFFICE BOX)

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:

REINALDO SANTANA

New Registered Office Address:

522 NW 15TH ST

Enter Florida street address

CAPE CORAL

City

Florida 33993

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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>
	ALIET DIAZ FERNANDEZ	3330 GRANT COVE CIR APT 6-208 CAPE CORAL	<input type="checkbox"/> Add
		FL 33991	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REINALDO SANTANA	522 NW 15TH ST CAPE CORAL FL 33993	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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


I NEED THE REMOVE ALIET AND ADD REINALDO SANTANA

Effective date, if other than the date of filing: 03/05/2024 (optional)

(If 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 03/01/24


Signature of a member or authorized representative of a member

ALIET DIAZ FERNANDEZ

Typed or printed name of signer

Filing Fee: \$25.00