

L24000276151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

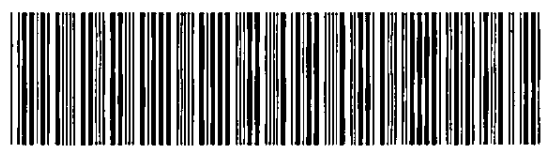
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Issued September 16, 2014

SEP 16 2014

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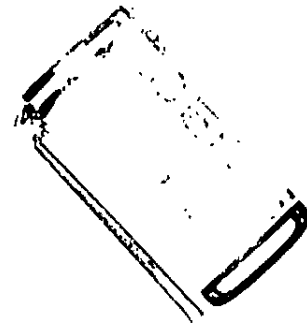


FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2024

ALFA LOGISTICS AND TRANSPORTATION LLC
24908 PORTOFINO DR
LUTZ, FL 33559

SUBJECT: ALFA LOGISTICS AND TRANSPORTATION LLC
Ref. Number: L24000276151



We have received your document for ALFA LOGISTICS AND TRANSPORTATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

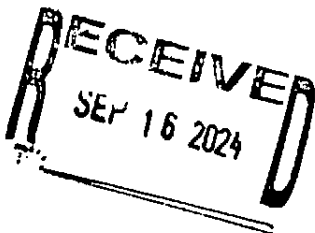
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 124A00018231



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA LOGISTIC AND TRANSPORTATION, 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:

RAFAEL FLORES, SOLE MGR
Name of Person

ALPHA LOGISTIC AND TRANSPORTATION, LLC
Firm/Company

24908 PORTOFINO DR.
Address

LUTZ, FL 33559
City/State and Zip Code

RAEY.FLORES11@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL FLORES at (813) 446-1636
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**

ALPHA LOGISTIC AND TRANSPORTATION, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 SEP 15 AM 9:14
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

The Articles of Organization for this Limited Liability Company were filed on JUNE 18, 2024 and assigned Florida document number L24000276151.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALFA LOGISTIC AND TRASPORATION, LLC
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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, Florida _____

City

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>
<u>MGR.</u>	<u>RAFAEL FLORES, MGR</u>	<u>24908 PORTOFINO DR</u>	<input checked="" type="checkbox"/> Add
		<u>LATZ, FL 33559</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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: _____ (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.

X Dated 07-26-2024, _____

X M. P. H. M. E. R.
Signature of a member or authorized representative of a member

✓ Rafael Flores, MGR
Typed or printed name of signee

RECEIVED
JUL 26 16 11 57
CLERK OF SUPERIOR COURT