

P14000043907

JUN 27 2014 2:31PM

MCI TREATMENT

No. 8522 P. 2

Division of Corporations

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.

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To:

Division of Corporations
Fax Number : (850) 617-6380

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: alcoinc@aol.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
A & L INSURANCE CARRIER INC

Certificate of Status	0
Certified Copy	0
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Amend

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14 JUN 27 PM 2:44

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 26 PM 2:59

JUN 27 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A & L INSURANCE CARRIER INC

DOCUMENT NUMBER: P14000043907

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISANDRA GONZALEZ

Name of Contact Person

A & L INSURANCE CARRIER INC

Firm/ Company

11117 W OKEECHOBEE RD STE 201

Address

HIALEHA FL 33018

City/ State and Zip Code

ALCSINC@AOL.COM

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

For further information concerning this matter, please call:

LISANDRA GONZALEZ

Name of Contact Person

at (786) 360-2879

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Jun. 27. 2014 2:31PM
050-017-0301

MCI TREATMENT

6/27/2014 11:50:17 AM PAUL 1/001

No. 0322 P. 1
FAX SERVER



June 27, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A & L INSURANCE CARRIER INC
*FAX FILING*A & L CARRIER SERVICES INC.*
201
HIALEAH, FL 33018US

SUBJECT: A & L INSURANCE CARRIER INC
REF: P14000043907

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Insert a space between L and Insurance.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

FAX Aud. #: H14000153609
Letter Number: 514A00014034

RECEIVED

14 JUN 27 PM 2:44

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FAX SERVER

14 JUN 26 PM 2:59

Articles of Amendment
to
Articles of Incorporation
of

A & L INSURANCE CARRIER INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000043907

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>S</u>	<u>SANDRA VIDAL</u>	<u>11117 W Okeechobee Rd</u>
<input checked="" type="checkbox"/> Add			<u>Ste 201</u>
<input type="checkbox"/> Remove			<u>Hialeah FL 33018</u>
2) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
3) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
4) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
5) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>
6) <input type="checkbox"/> Change	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> Add			<u> </u>
<input type="checkbox"/> Remove			<u> </u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

The date of each amendment(s) adoption: 06/26/2014, if other than the date this document was signed.

Effective date if applicable: 06/26/2014
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

Signature _____

(By a director, president or other officer) – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LISANDRA GONZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)