

Oct 12, 2015 8:34 AM
10/12/2015

Division of Corporations

No. 606 P. 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.****

Number: 415A00001184
Email Address: info@alcarrier.com Number: 415A00001184

COR AMND/RESTATE/CORRECT OR O/D RESIGN

A & L INSURANCE CARRIER INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Amend

OCT 13 2015
I ALBRITTON

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

HIALEAH FL 33018

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:

A & L INSURANCE CARRIER INC at 786 , 360-2879

Name of Contact Person

Area Code & Daytime Telephone Number

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

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Oct. 12. 2015 8:34AM
000-017-0301

10/7/2015 9:39:01 AM PAGE 1/001 No. 6061 P. 1
Fax Server



October 7, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A & L INSURANCE CARRIER INC
11117 W OKEECHOBEE RD
201
HIALEAH, FL 33018

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 refile the complete document, including the electronic filing cover sheet.

Please list the signing officer title as President as reflected on our records as we do not record owner information.

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

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H15000239099
Letter Number: 415A00021184

Regulatory Spec

RECEIVED
15 OCT 12 AM 9:01

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:

(City)

, Florida

(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

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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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>VILMA GARCIA</u>	<u>11117 W OKEECHOBEE</u>
<input type="checkbox"/> Add			<u>RD STE 201</u>
<input checked="" type="checkbox"/> Remove			<u>HIALEAH FL 33018</u>
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

100-443888-100

[illegible]

The date of each amendment(s) adoption: 10/06/2015, if other than the date this document was signed.

Effective date if applicable: 10/06/2015
(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):

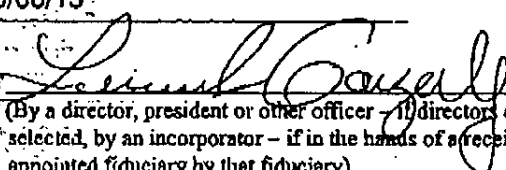
"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

☐ 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: 10/06/15

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)