Florida Department of State

Division of Corporations
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To:

Division of Corporations

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From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : I20040000007 Phone : (305)640-0281 Fax Number : (305)489-2902

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALR FREIGHT CORP

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From: LAXMY CHACON

COVER LETTER

Division of C	Section forporations		
NAME OF COR	PORATION: ALR FREIGHT C	ORP	
	MBER: P21000013205		
	eles of Amendment and fee are si	abmitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	ALBERTO LOPEZ		
	***************************************	Name of Contact Person	n
	ALR FREIGHT CORP		
		Firm/ Company	
	1105 W 76TH ST APT 31A	. ,	
		Address	·
	HIALEAH FL 33014		
		City/ State and Zip Cod	c
	GAHLAXMYSCARRIER(ggmail.com	
	E-mail address: (to be u	sed for future annual report	notification)
For further inform	ation concerning this matter, plea	se call:	
•	•		
LAXMY CHACON		at () 640-0281 de & Daytime Telephone Number
	ne of Contact Person		
	to for the following amount made		
	c for the following amount made		

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Articles of Amendment . to Articles of Incorporation

ALR FREIGHT CORP		•	
(Name	of Corporation as currently filed with	the Florida Dept. of State)	
P21000013205			
	(Document Number of Corporation	n (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida Pro	fit Corporation adopts the following	amendment(s) to
A. Hamending name, enter the new n	ame of the corporation:		•
		í	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association,	Corp," "Inc," or "Co". A profession	r'"incorporated" or the abbreviation	"Corp., "
B. Enter new principal office address.			
(Principal office address MUST BE A S	TREET ADDRESS)		-
	 	 	
	,		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
			···
			
D. If amending the registered agent at new registered agent and/or the ne	nd/or registered office address in Flori	da, enter the name of the	
	ALBERTO LOPEZ		
Name of New Registered Ayent			
• •	1105 W 76TH ST APT 31A		•
	(Florida street address) HIALEAH	,	
New Registered Office Address:	(City)	, Florida 33014	
	(City)	(Zip Cod	te)
		(a)	2012
New Registered Agent's Signature, if c	hanging Registered Agent:	· - · · · · · · · · · · · · · · · · · ·	10
I hereby accept the appointment as regist	ered agent. I am familiar with and acce	ept the obligations of the position 🤃	
·		 ເນື້າ	FILED
			AA EO
	Signature of New Registered Ago	ent_if changing	교 *
Check if applicable		O. C.	11/11/2 10: 1-2
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (e), F.S.	D:	് വ

From: LAXMY CHACON

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:

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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	<u>PT</u>	John D	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	Title		<u>Name</u>	Address.
1) X Change	P	_	ALBERTO LOPEZ	1105 W 76TH APT 31A
Add				HIALEAH FL 33014
Remove				
2) Change		_		
Add				
Remove 3) Change			-	
Add		·		
. Remove				
4)Change		_		
Add				
Remove				
5)Change		_	· · · · · · · · · · · · · · · · · · ·	
Add	•			
Remove				
f) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
-	
an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
(g not applicable, matcale N/A)	
(y noi applicable, traicale N/A)	
(y noi applicable, traicale N/A)	
(y noi appricable, maicale N/A)	
(y noi applicable, maicale N/A)	
(y noi appricable, maicale N/A)	
(y noi appricable, maicale N/A)	

O4/23/2021 The date of each amendment(s) adoption:
date this document was signed.
04/23/2021
Effective date if applicable: (no more than 90 days after amendment-file date)
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.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
04/23/2021 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)
ALBERTO LOPEZ
(Typed or printed name of person signing)
P
(Fitle of person signing)
TISSELED