

L2 0000066713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

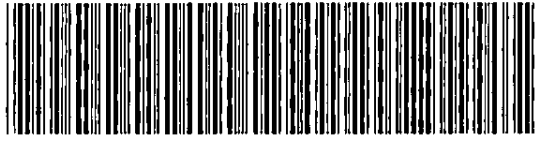
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Y. SCOTT  
JUN - 6 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALPHABETA SOLUTIONS LLC ← OLD NAMES  
Name of Limited Liability Company

NEW NAME → ALPHAEAGLE SOLUTIONS LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GALINA Keyachman  
Name of Person

ALPHAEAGLE SOLUTIONS LLC  
Firm/Company

19333 COLLINS AVE #2406  
Address

SUNNY ISLES, FL 33160  
City/State and Zip Code

GKEYACHMAN@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

GALINA Keyachman at (646) 662-8658  
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

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

ALPHABETA SOLUTIONS LLC

The Articles of Organization for this Limited Liability Company were filed on 2/28/2020 and assigned  
Florida document number L20000066713.

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This amendment is submitted to amend the following:

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

ALPHEAGLE SOLUTIONS 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)

19333 COLLINS AVE

APT 2406

SUNNY ISLES, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19333 COLLINS AVE

APT 2406

SUNNY ISLES, FL 33160

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:

GALINA Keyachman

New Registered Office Address:

19333 COLLINS AVE, APT 2406

Enter Florida street address

SUNNY ISLES  
City

Florida

33160  
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>                      |
|--------------|------------------|----------------------------|--|
| MGR          | GALINA KRYACHMAN | 19333 COLLINS AVE<br>#2406 | <input type="checkbox"/> Add               |
|              |                  | SUNNY ISLES, FL<br>33160   | <input type="checkbox"/> Remove            |
|              |                  |                            | <input checked="" type="checkbox"/> Change |
|              | SHAWN KRYACHMAN  | 19333 COLLINS AVE<br>#809  | <input type="checkbox"/> Add               |
|              |                  | SUNNY ISLES, FL<br>33160   | <input checked="" type="checkbox"/> Remove |
|              |                  |                            | <input type="checkbox"/> Change            |
|              |                  |                            | <input type="checkbox"/> Add               |
|              |                  |                            | <input type="checkbox"/> Remove            |
|              |                  |                            | <input type="checkbox"/> Change            |
|              |                  |                            | <input type="checkbox"/> Add               |
|              |                  |                            | <input type="checkbox"/> Remove            |
|              |                  |                            | <input type="checkbox"/> Change            |
|              |                  |                            | <input type="checkbox"/> Add               |
|              |                  |                            | <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.)

REMOVE SHAWN KLYACHMAN

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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.

Dated 4/11/2023

*Shawn Klyachman*

Signature of a member or authorized representative of a member

GALINA KLYACHMAN

Typed or printed name of signee