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Certified Copies	_ Certificates of	Status
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2022 FEB 28 AM IO: 14 SECRELARY OF STATE

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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, F1, 32314

ALFA ROAD SERVICES LLC SUBJECT: 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: GEORGE PEREZ HERNANDEZ Name of Person ALFA ROAD SERVICES LLC Firm/Company 5860 NE CUBITIS AVE Address ARCADIA, FL 34266 City/State and Zip Code alfaroadservice@gmail.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: GEORGE PEREZ HERNANDEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount, ☐ \$60.00 Filing Fee. **■ \$25** 00 Filing Fee □ \$30 00 Filing Fee & □ \$55 00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

Scarcied with CamScanner

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 28 AM 10: 18

ALFA ROAD SERVICES LLC

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

SEURETAN, OF STATE
TALLAHASSEE, FI

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The Articles of Organization for this Limited Liability Con	npany were filed o	n <u>02/03/2022</u>	and assigned
Florida document number L22000058332	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability compar	iy here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company,"	the designation "LLC"	or the abbreviation "I. L. C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:		ur records, <u>enter t</u>	
New Registered Office Address:			
	Ente	r Florida street address	
	City	, Flo	rida
New Registered Agent's Signature, if changing Registered /			esp v van
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I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performanc nt as provided for	re of my duties, an in Chapter 605, I	d I am familiar with and F.S. Or, if this document is
	If Changing Registers	rd 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>	Address	Type of Action
MGR	GEORGE PEREZ HERNANDEZ	5860 NE CUBITIS AVE. ARCADIA, FL 34266	
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Filing Fee: \$25.00