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| Special Instructions to | Filing Officer: | |
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COVER LETTER

Registration Section Division of Corporations

Tailahassee, FL 32314

| JECT: | ALPHA 1 From | dustries LLC nited Libility Company | |
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| nclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| se return all correspo | ondence concerning this matter | to the following: | |
| | | P. MATWYCH Name of Person | |
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| | 34/1-1 | Allen Rd | |
| | Zephry H. | City/State and Zip Code (to be used for future annual report not | |
| urther information c | E-mail address: concerning this matter, please e | | rication) |
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| soft is a check for the | he 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! Division of C | Section | <u>Street Address:</u> Registration Se Division of Co | |
| P.O. Box 632 | | The Centre of 'I | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AIPHA 1 Indus | tries L | LC | |
|--|--|---|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | v as it now appears jability Company) | on our records.) | |
| Articles of Organization for this Limited Liability Company vd. document number <u>~ 23000/64558</u> | were filed on | 4-1-2 | 3 and assigned |
| mendment is submitted to amend the following: | | | |
| amending name, enter the new name of the limited liabil | ity company har | w. | |
| Fameuring name, cinci the new name of the immed that it | ny company ner | <u>c</u> . | |
| name must be distinguishable and contain the words "Lumted Liability | ty Company," the des | signation "LLC" or th | ne abbreviation "L.L.C." |
| e new principal offices address, if applicable: | | | |
| gipal office address MUST BE A STREET ADDRESS) | | | |
| | - | mpany," the designation "LLC" or the abbreviation "L.L.C." 2023 APR 7 10 10 10 10 10 10 10 | |
| : new mailing address, if applicable; | | | AR T |
| ing address MAYBE A POST OFFICE BOX) | | | SST |
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| camending the registered agent and/or registered office act and/or the new registered office address here: | ddress on our rec | cords, <u>enter the n</u> | ame of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Floria | la street address | |
| | City | , Florida | Ziv Code |
| Registered Agent's Signature, if changing Registered Agent: | Ctit | | гир Соае |
| thy accept the appointment as registered agent and agre- isions of all statutes relative to the proper and complete p to the obligations of my position as registered agent as pr tiled to merely reflect a change in the registered office a any has been notified in writing of this change. | ocrformance of n vovided for in CI | ty duties, and La napter 605, F.S. (| ım familiar with and Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

. hending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added through from our records:

.R = Manager BR = Authorized Member

| | Name | Address | Type of Action |
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| ective date i If the date | If other than the slisted, the date me inserted in this lettive date on the | ust be specific at block does not | nd cannot be pri meet the appl | or to date of fili licable statuto | ing or more than ' | (option: 90 days after fil: ements, this d | ing.) Pursuant to 6 | 05.0207 isted as |
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| | Jan | Signature of a | aluyi member rau | thorized repress | entative of a mer | nber | | |