L23000263588

(Requestor's Name)
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2023 SEP TROPPORTE

COVER LETTER

Division of (Corporations					
SUBJECT:	Alpha Construction Services	& Remodel LLC				
SUBJECT:	Name of Lin	Name of Limited Liability Company				
The enclosed Articles	s of Amendment and fee(s) are sul	omitted for filing.				
Please return all corre	espondence concerning this matter	to the following:				
	•	Rafael Aranha				
		Name of Person				
	Alpha Construction Services & Remodel LLC					
		Firm/Company				
	Address					
	W	findermere, FL 34786				
		City/State and Zip Code				
	•	onstructionsr@gmail.com (to be used for future annual report notif	notion\			
Can Gadhar in farmatin		•	icacion)			
	on concerning this matter, please of	call:		(C >2		
Rafael Ar	ranha	at (978) 335-3747		023 (ECI TA		
Nan	me of Person	Area Code Daytime	Telephone Number	2023 SEP 18 SECRETARY	\$ L. 407 TETT	
Enclosed is a check fo	or the following amount:				• -	
₩ \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Fee.	Versex	

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpha Construction Ser	vices & Remodel I	LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appe ted Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Comp.	any were filed on _	May 31, 2023	and ass	igned
Florida document numberL23000263588				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company	here:		
The new name must be distinguishable and contain the words "Limited L	iability 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	2			
			202 SE	
Enter new mailing address, if applicable:			<u> </u>	3 <u>E</u>
(Mailing address MAY BE A POST OFFICE BOX)				(E.17.1
	-		<u> </u>	•
D. 16			유지 교	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce adoress on our	records, enter the m	ime of the new	registered
Name of New Registered Agent:				
New Registered Office Address:	Enter F	lorida street address		
	City	, Florida	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

Title	Name	Address	Type of Action
			Type of Action
CFO	Domingos C Parente Linhares	9239 Vintage Hills Way APT: 10208	□Add
		Winter Garden, FL 34787	Remove
			□Change
MGR	Antonio A Gomes Filho	13278 Penshurst Ln	□ Add
		Windermere, FL 34786	□Remove
			il Change
			□ Add
		TAL	Add SFCRETONE TO THE SECOND TO
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ective date, if other the effective date is listed, the	han the date of date must be speci	filing: ific and cannot be	prior to date of fili	ng or more than 90 d	_ (optional) lavs after filing) z.) Pursuant to 6	05.020
te: If the date inserted in turnent's effective date	in this block does	s not meet the ap	plicable statutor	y filing requireme	ents, this date	will not be li	sted as
differing serieenve date	on the Departmen	int of State S feet	ords.				
cord specifies a delayed	effective date. h	sut not an effecti	ve time at 12:01	a m on the earli	erofi(h) T	he 90th day af	ter the
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	206)				
	7 Signatur	e of a member or	authorized represe	ntative of a member	r		

Filing Fee: \$25.00