

P15000096139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

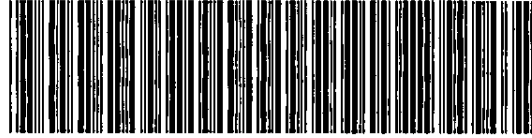
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/11/15--01004--019 **35.00

And

JAN 12 2016

R. W. W. L.

FILED
16 JAN 11 AM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2015

EDWIN CAIR
1649 BIRDE DR
NAPLES, FL 34120

SUBJECT: ALPHA LIFT TRUCKS INC
Ref. Number: P15000096139

We have received your document for ALPHA LIFT TRUCKS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 115A00026193



16 JAN 11 PM 2:21

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALPHA LIFT TRUCKS INC.

DOCUMENT NUMBER: 715000096139

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWIN CAIRAMPOMA
Name of Contact Person

EDWIN CAIRAMPOMA
Firm/ Company

1649 BIRDIE DR
Address

NAPLES FL 34120
City/ State and Zip Code

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

For further information concerning this matter, please call:

EDWIN CAIRAMPOMA at (239) 330-0309.
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

16 JAN 11 AM 4:32

ALPHA LIFT TRUCKS INC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

PI5000096139

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1649 BIRDIE DR

NAPLES FL 34120

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

LUZMILA CAIRAMPOMA

1649 BIRDIE DR

(Florida street address)

New Registered Office Address:

NAPLES FL

(City)

Florida

34120

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

EDWIN CAIRAMPOMA

Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

PLEASE ADD LUZMILA CAIRAMPOMA (VICEPRESIDENT)

THANK YOU

12/08/2015

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

12/08/2015

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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

12/08/2015

Dated _____

Signature

EDWIN CAIRAMPOMA

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

EDWIN CAIRAMPOMA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)