L13000092459

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TALLAHASSEF, FLORIDA

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COVER LETTER

Registration Section Division of Corporations

0:

Alpha i J BJECT:	Mercantile, LLC		
	Name of Lin	nited Liability Company	
ie enclosed Article	s of Amendment and fee(s) are suf	bmitted for filing.	
ease return all corr	espondence concerning this matter	to the following:	
	Leonardo Carlos Ortega		
	 ,	Name of Person	
	Alpha Mercantile, LLC		
		Firm/Company	
	3162 Commodore Plaza, S	Suite 3AB	
		Address	
	Miami, FL 33133		
		City/State and Zip Code	- <u></u>
	lcortega@amcointer.com		
	E-mail address:	(to be used for future annual report no	tification)
r further informati	on concerning this matter, please o	rall:	
eonardo Carlos Ort	cga	305 461-1223	
Na	me of Person	Area Code Daytii	me Telephone Number
closed is a check t	or the following amount:		
■ \$25.00 Filing Fe	e S30.00 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)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Servision of Co The Centre of 2415 N. Monto Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpha Mercantile, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/26/2013}{1}$ and assigned lorida document number L13000092459 his amendment is submitted to amend the following: .. If amending name, enter the new name of the limited liability company here: Ipha Construction, LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Π . If amending the registered agent and/or registered office address on our records, enter the name of Tiid newregistered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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

rereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager .MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
		 -	□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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ctive date, if other than the da	te of filing: (optional)	
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
ef II the date inserted in this block iment's effective date on the Depa	does not meet the applicable statutory filing requirements, this date writness of State's records.	vill not be listed as t
·		
ord specifies a delayed effective de	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
filed.	•	•
S 22	2020	
ed September 23	2020	
Sie	nature of a member or authorized representative of a member	.
Sig		
Leonardo Carlos Ortega		
-	Typed or printed name of signee	

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