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## **COVER LETTER**

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

ALPI CONSTRUCTION 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: Giuseppe PORFIDO Name of Person ALPI CONSTRUCTION LLC Firm/Company 8294 NW South River Dr Address Medley, Florida 33166 City/State and Zip Code portidog@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Giuseppe Porfido Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60,00 Filing Fee. ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## ALPI CONSTRUCTION LLC

·	OF AMENDMENT TO
ARTICLES O	F ORGANIZATION
	OF CONTRACTOR OF THE CONTRACTO
ALPI CONSTRUCTION LLC	
(Name o <u>f the Limited Liability Co</u> (A Florida Lim	F ORGANIZATION  OF  Ompany as it now appears on our records.)  itted Liability Company)  pany were filed on   O3/01/2010 and assigned
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/01/2010 and assigned
lorida document number 1.10000022982	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Chambridge and a specific street, but the second problems of contain the gazed. "I imited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
	10276 NW 72 Terrace, Doral FL 33178
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	<u>so</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	ed office address on our records, enter the name of the new
registered agent and/or the new registered office address	<u>nere</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:
hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp	l agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent	t as provided for in Chapter 605, F.S. Or, if this document is 🥏
being filed to merely reflect a change in the registered of	ffice 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PEREIRA DE PORFIDO. ADELIA		🗖 Add
		8294 NW South River Dr. Medley FL 33166	<b>≡</b> Remove
			Change
			□ A₫d
			☐ Remove
			Change
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fective date, if other than the d n effective date is listed, the date must b ote: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the appli-	cable statutory filing req	(optional) an 90 days after filing.) Pursi uirements, this date will n	iant to 605.020 or be listed a
record specifies a delayed e The 90th day after the recor	effective date, but no d is filed.	ot an effective time	. at 12:01 a.m. on th	ne earlier o
December 18	2018			
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	gnature of a monther or auti	Tunglu_	<u> </u>	<del></del>

Page 3 of 3

Filing Fee: \$25.00