

5/22/23, 9:56 PM

Division of Corporations

L10000041702

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.
Account Number : 120180000074
Phone : (321)710-2030
Fax Number : (407)650-3216

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALPHA DETROIT LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

MAY 23 2023
1/1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALPHA DETROIT LLC

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:

CELSO DE ALMEIDA

Name of Person

ALPHA DETROIT LLC

Firm/Company

111 E MONUMENT AVE SUITE 401-12

Address

KISSIMMEE, FL 34741

City/State and Zip Code

documents@cyaninc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CELSO DE ALMEIDA

321 710-2030
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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 DETROIT 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 04/19/2010 and assigned
Florida document number L10000041702.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NO CHANGES TO NAME/

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

111 E MONUMENT AVE

SUITE 401-12

KISSIMMEE, FL 34741-5762

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 E MONUMENT AVE

SUITE 401-12

KISSIMMEE, FL 34741-5762

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CYAN CONSULTANTS INC

New Registered Office Address:

111 E MONUMENT AVE SUITE 401-12

Enter Florida street address

KISSIMMEE

Florida 34741-5762

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CELSO LUIZ DE ALMEIDA	111 E MONUMENT AVE	<input type="checkbox"/> Add
		SUITE 401-12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741-5762	<input checked="" type="checkbox"/> Change
AMBR	SANDRO C. DOS SANTOS	111 E MONUMENT AVE	<input checked="" type="checkbox"/> Add
		SUITE 401-12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741-5762	<input type="checkbox"/> Change
AMBR	SUELI APARECIDA CAZELLA	111 E MONUMENT AVE	<input checked="" type="checkbox"/> Add
		SUITE 401-12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741-5762	<input type="checkbox"/> Change
AMBR	JHUBERTA C. DOS SANTOS	111 E MONUMENT AVE	<input checked="" type="checkbox"/> Add
		SUITE 401-12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741-5762	<input type="checkbox"/> Change
AMBR	LUCIENE C. DOS SANTOS	111 E MONUMENT AVE	<input checked="" type="checkbox"/> Add
		SUITE 401-12	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741-5762	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

