

03/25/2015

15:00

(FAX)

P.002/006

3/19/2015

L15000026204

Division of Corporations

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 : PROFESSIONAL SERVICES
Account Number : I20040000024
Phone : (786)303-5010
Fax Number : (305)403-1061

STATE OF FLORIDA
DEPARTMENT OF STATE
FALL WASSER, FL 32608

2015 MAR 20 PM 3:01

FILED

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

Email Address: professional/services55@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ALPHA X USA L L C

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA X USA 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:

FRANK DIAZ

Name of Person

PROFESSIONAL SERVICES LLC

Firm/Company

3128 CORAL WAY

Address

MIAMI, FL 33145

City/State and Zip Code

PROFESSIONALSERVICES55@GMAIL.COM

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

For further information concerning this matter, please call:

FRANK DIAZ

Name of Person

at 786 303-5010

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Thank you!

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 MAR 20 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALPHA X USA 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 FEB 11, 2015 and assigned
Florida document number L15000026204

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

FRANK DIAZ

New Registered Office Address:

3128 CORAL WAY

Enter Florida street address

MIAMI

City

Florida 33145

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.

FRANK DIAZ
If Changing Registered Agent, Signature of New Registered Agent

101823

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

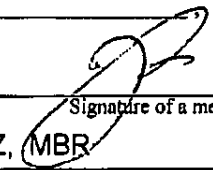
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAMOS, MURILO C	3128 CORAL WAY	<input type="checkbox"/> Add
		MIMAI, FL	<input checked="" type="checkbox"/> Remove
MGR	RAMOS, LUCIENE C	3128 CORAL WAY	<input type="checkbox"/> Add
		MIAMI, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 20 2015



Signature of a member or authorized representative of a member

FRANK DIAZ, MBR

Typed or printed name of signee

FILED
2015 MAR 20 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA