

L15000148039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

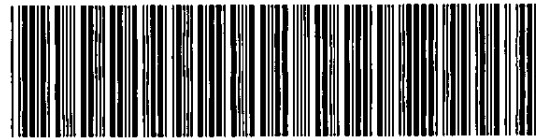
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 06 2016

Y SULKER

## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALPHA BUSINESS & TOURISM LLC**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Name of Person: DANILO SANTANA**

**Firm/Company: US TAX CONSULTING INC**

**Address: 5401 S. KIRKMAN RD STE 135**

**City/State and Zip Code: ORLANDO, FL, 32819**

**support@ustaxconsulting.net**

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

For further information concerning this matter, please call:

**DANILO SANTANA**

Name Person

**(407) 674-8969**

Phone Number

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314 2661

**STREET/COURIER ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2016

DANILO SANTANA  
5401 S KIRKMAN RD STE 135  
ORLANDO, FL 32819

SUBJECT: ALPHA BUSINESS & TOURISM LLC  
Ref. Number: L15000148039

We have received your document for ALPHA BUSINESS & TOURISM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 816A00008199

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
ALPHA BUSINESS & TOURISM LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on **08/24/2015** and assigned Florida document number .

Florida document number: L15000148039.

**Article I**

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

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

**Article II**

**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)***

**FILED**  
**16 MAY -4 PM 3:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Article IV**

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

**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.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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**

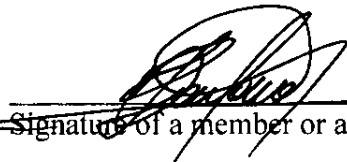
Title	Name	Address	Type of Action
AMBR	P QUADROS, BRUNO	RUA PROF. PEDRO VIRIATO PARIGOT DE SOUZA 3901 S 58	REMOVE <input type="checkbox"/>
		CURITIBA - PR, BRAZIL 81280-330	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	TABARELLI COCICOV, ANTONIO L	RUA VIRGINIA DALABONA 1202 CASA 80	REMOVE <input checked="" type="checkbox"/>
		CURITIBA - PR, BRAZIL 81280-330	ADD <input type="checkbox"/>

**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: , .



Signature of a member or authorized representative of a member

**DANILO SANTANA**

Typed or printed name of signee

FILED  
16 MAY -4 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA