15000204265

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| PICK-UP | MAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|---------|------------------------------------|--|---|---|
| SUBJE | Alpha Prot | o, LLC | | |
| зовя | SC1. | Name of Lin | nited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | Richard Andres | | |
| | | | Name of Person | <u></u> |
| | | Alpha Proto | | |
| | | | Firm/Company | |
| | | 3259 Progress Drive, Suite | : 163 | |
| | | | Address | |
| | | Orlando, FL 32826 | | |
| | | | City/State and Zip Code | |
| | | richard.andres@alphaproto. | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For fur | ther information c | oncerning this matter, please ca | all: | |
| Richard | d Andres | | 321 710-3647 at () | |
| | Name o | f Person | Area Code Daytimo | e Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| \$25 | 5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 APR 24 PM 2: 46

Alpha Proto 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 12/08/2015 Florida document number L15000204265 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 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) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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> | Type of Action |
|--------------|--------------------|------------------------|---|
| AMBR | Gary M. Stein | 1924 South Blvd | |
| | | Maitland, FL 32751 | □ Remove |
| | | | ■ Change |
| AMBR | Scott J. Stickler | 1315 N. Ferncreek Ave. | □ Add |
| | | Orlando, FL 32803 | Remove |
| | | | ■ Change |
| | Benjamin M. Downey | PO Box 2711 | |
| | | Orlando, FL 32802 | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove ALLAR Dahange ASSERTIARY OF LAdd |
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| ective dat | e, if other that | ı the date of filing | : | | (option | ıal) | |
| effective da te: If the d | ate is listed, the dat late inserted in tl | te must be specific and nis block does not make the Department of St | cannot be prior to d eet the applicable | | ian 90 days after fi | ling.) Pursuant to 605 | |
| | | ayed effective da record is filed. | ate, but not a | n effective time | , at 12:01 a. | m. on the earli | er (|
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| | Malu | · Lulis | | | | | |
| _ | // www | Signature of a rr | nember or authorize | d representative of a | member | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00