

15000205901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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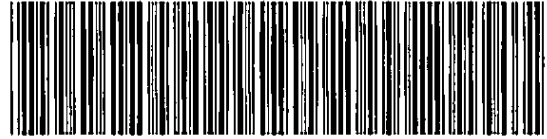
(Business Entity Name)

(Document Number)

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18 OCT 24 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BL VORISEK  
NOV 06 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alpha Interiors 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:

Thomas Blacketer  
Name of Person

Alpha Interiors LLC  
Firm/Company

102 Opp blvd  
Address

Fr. Walton Beach, FL 32548  
City/State and Zip Code

JBlacketer85@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JHGJHGJKHGKKK Thomas Blacketer at (850) 791-9292  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Alpha Interiors LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
18 OCT 24 PM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Dec 10, 2015 and assigned  
Florida document number L15000205901.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

102 Opp Blvd  
Ft. Walton Beach FL ~~32547~~  
32548

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

102 Opp Blvd  
Ft. Walton Beach FL 32548

**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*

Florida

*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>
<u>VP</u>	<u>Alberth David Carcamo</u>	<u>921 Denton Blvd Apt 142</u>	<input type="checkbox"/> Add
		<u>Ft. Walton Beach, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32547</u>	<input type="checkbox"/> Change
<u>VP</u>	<u>Curtis Johnson</u>	<u>42 7th Ave #123</u>	<input checked="" type="checkbox"/> Add
		<u>Shalimar FL</u>	<input type="checkbox"/> Remove
		<u>32579</u>	<input type="checkbox"/> Change
<del>AMBR</del> <u>AMBR</u>	<u>Kathleen Murphy</u>	<u>36 Poplar ave</u>	<input checked="" type="checkbox"/> Add
		<u>shalimar, FL</u>	<input type="checkbox"/> Remove
		<u>32579</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 22<sup>nd</sup> . 2018

JBL

Signature of a member or authorized representative of a member

Thomas James Blacketer

Typed or printed name of signee