

U1600018392

Florida Department of State
Division of Corporations
Electronic Filing (Cover Sheet)

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000069177 3)))



H170000691773ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BEST PRO SERVICES INC
Account Number : I20140000063
Phone : (727) 504-1870
Fax Number : (727) 633-9500

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

Email Address: 4 HELP 123@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALPHA ENGINEERING AND CONSTRUCTION LLC**

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

RECEIVED
2017 MAR 13 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 MAR 13 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

D. SCOTT
MAR 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA ENGINEERING AND CONSTRUCTION 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:

ZHUKOVSKYI, ANATOLII

Name of Person

ALPHA ENGINEERING AND CONSTRUCTION LLC

Firm/Company

4830 WEST KENNEDY BLVD, SUITE 600

Address

TAMPA, FL 33609

City/State and Zip Code

4help123@gmail.com

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

For further information concerning this matter, please call:

ZHUKOVSKYI, ANATOLII

Name of Person

718 877-1924

at ()
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

FILED
17 MAR 13 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALPHA ENGINEERING AND CONSTRUCTION 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 08/09/2016 and assigned
Florida document number L16000148392

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4830 WEST KENNEDY BLVD, SUITE 600

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33609

Enter new mailing address, if applicable:

4830 WEST KENNEDY BLVD, SUITE 600

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33609

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

FILED
MAR 17 9:05 AM
TAMPA
FL 33609

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	Espaillet, Mario E	15705 Altolinda Ln	<input type="checkbox"/> Add
		Tampa, FL 33624	<input checked="" 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
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
MAR 13 AM 9:05
TALLAHASSEE
FLORIDA
CLERK OF COURT
JAMES L. HARRIS
TALLAHASSEE, FLORIDA

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

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.

Dated March 10 2017

Signature of a member or authorized representative of a member

ZHUKOVSKYI, ANATOLIY

Typed or printed name of signer

Filing Fee: \$25.00