## 11600148392

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## **COVER LETTER**

TO:

Registration Section

Division of Corp	porations		
	GINEERING AND CONSTR	UCTION LLC	
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
	Amendment and fee(s) are sub-		
Please return all correspon	ndence concerning this matter	to the following:	
	ANATOLII ZHUKOVSKY	ฑ	
		Name of Person	
	ALPHA ENGINEERING	AND CONSTRUCTION LLC	
		Firm/Company	
	4830 WEST KENNEDY B	BLVD, SUITE 600	
		Address	
	TAMPA, FL 33609		
	ZHIKOVSKIV@GMAIL	City/State and Zip Code	-4 . rg
	ZHUKOVSKIY@GMAIL.( E-mail address: (i	to be used for future annual report notific	ration) FC = T
For further information of	oncerning this matter, please ca	all:	TALLAHASSE
ANATOLII ZHUKOVSI	CYI	718 877-1924 at ( )	Talanhara Number 1
Name of	f Person		Telephone Number 77
Enclosed is a check for th	e 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)
Registra Divisio P.O. Bo	ING ADDRESS: nation Section of Corporations ox 6327 ssec, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ALPHA ENGINEERING AND CONSTRUCTION LLC

(Name of the Limited Lin (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000148392	ty Company were filed on 08/09/2016	and assigned
This amendment is submitted to amend the following	g:	
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 AL		
•		
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)	)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, ente	r the name of the new
The second and of the new Texistered office a	address here:	2018
Name of New Registered Agent:		
New Registered Office Address:		SSET O M
	Enter Florida street address	TO D
<del></del> -	, Florida _	OCT OF
New Registered Agent's Signature, if changing Registe	•	E Zip Code
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	ent and agree to act in this capacity. I further a d complete performance of my duties, and I am I agent as provided for in Chapter 605, F.S. Of tered office address. I have by some that the l	familiar with and

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>	Address	Type of Action
AMBR	MARIO E ESPAILLAT	15705 ALTOLINDA LN	■Add
	•	TAMPA, FL 33624	□ Remove
			☐ Change
			□ Remove
			□ Change
			□ Add
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			Change
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			CI Remove
	·	<del></del>	Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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·	
200 Sec. 1	
And Canal Ca	
SE O	
	)
E. Effective date, if other than the date of filing:	
(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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	(3)( the
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.	f:
Dated 12/13/3017	
Signature of a member or authorized representative of a member	
4NATOUII ZHUKOVSKI	

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Filing Fee: \$25.00