L16000186755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 20 2017

Y SULKER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2017

ALEXANDER R SANABIA
1745 ASTON HALL DR E
JACKSONVILLE, FL 32246

SUBJECT: ALPHA & OMEGA TOTAL SOLUTIONS, L.L.C.
Ref. Number: L16000186755

We have received your document for ALPHA & OMEGA TOTAL SOLUTIONS, L.L.C. and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 917A00012398

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALPHA & OMEGA TOTAL SOLUTIONS, 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:

ALEXANDER R. SANABIA
Name of Person

ALPHA & OMEGA TOTAL SOLUTIONS, LLC.
Firm/Company

1745 ASTON HALL DR E
Address

JACKSONVILLE, FL 32246
City/State and Zip Code

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

For further information concerning this matter, please call:

ALEXANDER R. SANABIA at (904) 234-9838
Name of Person — 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALPHA OMEGA TOTAL SOLUTIONS, 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 10/07/2017 and assigned Florida document number L16000785 5.

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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

17 JUN 19 AM 8:49
TALLAHASSEE, FLORIDA

If amending the registered office address on our records, enter the name of the new registered agent here:

Name of Registered Agent: ALEXANDER SANABIA

New Registered Office Address: 1745 ASTON HALL DR E
Enter Florida street address

JACKSONVILLE, Florida 32246
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 duties and 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 notified in writing of this change.

Alexander Sanabia
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

Title	Name	Address	Type of Action
MGR	CLAUDIA A. SANABIA	7641 GREENLAKE WAY	☐ Add
			■ Remove
		BOYNTON BEACH, FL 33436	☐ Change
MGR	ALEXANDER R. SANABIA	1745 ASTON HALL DR E	■ Add
			☐ Remove
		JACKSONVILLE, FL 32246	☐ Change
MGR	EDGAR MORATO	2411 QUAIL AVENUE	■ Add
			☐ Remove
		JACKSONVILLE, FL 32218	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

17 JUN 19 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 JUNE 12th, 2017

Signature of a member or authorized representative of a member

CLAUDIA A. SANABIA

Typed or printed name of signee

Filing Fee: $25.00