## 116000186755

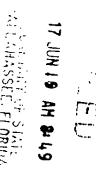
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JUN 2 0 2017 Y SULKER



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.

Letter Number: 917A00012398

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

Division of C			•	
eun iner	ALPHA & OMEGA	TOTAL SOLUTIONS, LLC.	• •	•
SUBJECT:	Name of Lin	nited Liability Company 🖓 🕟	· ·	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
			•	
		LEXANDER R. SANABIA		
	<u>.</u>	Name of Person	<u></u> ;	
٠.	ALPHA &	R OMEGA TOTAL SOLUTION	S. LLC.	
		Firm/Company		<del>.</del>
		1745 ASTON HALL DR E	•	•
•	<del></del>	: Address	· · · · · · · · · · · · · · · · · · ·	<del>'</del>
	. J <i>.</i> A	CKSONVILLE, FL 32246	•	
	· · · · · · · · · · · · · · · · · · ·	. City/State and Zip Code		
		asanabia@gmail.com		
	E-mail address:	to be used for future annual report r	notification) .	•
For further information	n concerning this matter, please c	ail:		
ALEXANDE	R R. SANABIA	904 · at ( )	234-9838	
Nam	e of Person		time Telephone Numb	er
	•	•		
Enclosed is a check fo	r 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 Statu Certified Copy (additional copy is enclo	
				•
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 phassee, Fl. 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MEGA TUTAL SOLUTIONS, LL	<u>.</u> .	
(Name of the Limited (A	Liability Company as it now appears blorida Limited Liability Company)	on our records.)	<del>-</del>
The Articles of Organization for this Limited Liab	ulity Company were filed on	10/07/2017	and assigned
lorida document numberL160007855			
his amendment is submitted to amend the follow	ing:		
If amending name, enter the new name of the	ne limited liability company her	<u>'e</u> :	
he new name Stringuishable and contain the word	ds "Limited Liability Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
inter new processal offices address, if applicable			
Principal of the vidiress MUST BE A STREET			
		<u>.</u>	
			<b>17</b>
nter new miching address, if applicable:			
Moiling address MAY RF A POST OF FICE FO	<u></u>		SS
			mc in
n unumering the requestion against about a consider of the constitution of the constit	augistered office address on augistered	our records, enter	the same # the se
Constant a gast	611.84.49 	est sacasta	
No. 1 Litered Office Address:	1745 ASTC	ON HALL DR E	
	Foster Flores	la street address	
_	JACKSONVILLE	, Florida	32246
	City		Zip Code

New Registered agent's Signature, if changing Registered Agent:

I hereby as a coppointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions and tautes relative to the proper and complete performance of my duties, and I am familiar with and accept the course 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 in a confided 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 = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	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	B Add
			☐ Remove
		JACKSONVILLE, FL 32246	☐ Change
MGR	EDGAR MORATO	2411 QUAIL AVENUE	Add
			□ Remove
		JACKSONVILLE, FI. 32218	□ Change
			Add Junger Janger Jange
			□ Remove
			□ Remove
			Change

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ective date, if other than the dat effective date is listed, the date must be	e of filing:		(optiona	l) , j	(05.5
te: If the date inserted in this block	does not meet the applicab	ole statutory filing rec	juirements, this dat	e will not	be listed
ument's effective date on the Depar	iment of state 3 records,				
record specifies a delayed ef	fective date, but not	an effective time	, at 12:01 a.m	. on the	earlier
he 90th day after the record	is filed.				
edJUNE 12th	·	_ •			
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Page 3 of 3

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