## L17000078280

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(City/State/Zip/Phone #)
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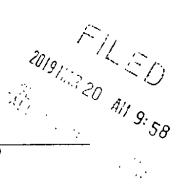
## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHR IE	Alfa Conce	pts USA, L L C		
SUBJE	C. I.	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Jean Pierre Velez		
		Alfa Conceps USa, LL	Name of Person	· <u> </u>
		10040 Gibsonton Dr.	Firm/Company	
		Riverview, FI 33578	Address	<del></del>
		jpvelez@alfacdusa.com	City/State and Zip Code	cation
For furt	her information c	concerning this matter, please co		Cation
Jean Pic	rre Velez		813 6725084	
	Name o	of Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for the	he 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)
		ING ADDRESS:	STREET/COURIE Registration Section	* = · =

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Alfa Concepts USA, 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 Liabi	lity Company were filed on 04/07/2017	and assigned
Florida document number L17000078280		
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	55	
•	Enter Florida street address	
_		ida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I becally account the appointment as registered a	goest and goree to act in this canacity. I furt	ver agree to comply with

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>	Name	Address	Type of Action
MBR	Kimberly M Velez	10518 Egret Haven Lane RIVERVIEW, FL 33578	🗏 Add
		<del></del> .	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
		<del></del>	☐ Remove
			Change
<del></del>			
			Remove
			Change
		<del></del>	
			Remove
			Change
			Remove
			Change

	<del></del>
	<u> </u>
01/01/2019	
Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier of
03/17/2019 ated	
Signature of a member or authorized representative of	a member

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Filing Fee: \$25.00

Typed or printed name of signee