

217000165126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

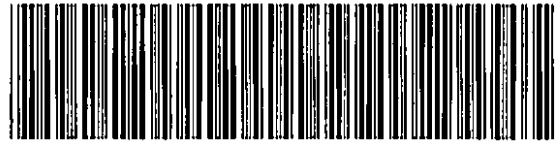
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900316355779

08/02/18--01016--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG - 2 AM 9:54

N COOPER

AUG 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIDE BUILDING CONCEPTS 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:

DARWIN AVELAR

Name of Person

PRIDE BUILDING CONCEPTS LLC

Firm/Company

280 BALTUSROL DRIVE

Address

NAPLES FL 34113

City/State and Zip Code

alphaapsinc@gmail.com

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

For further information concerning this matter, please call:

DARWIN AVELAR

239 398-2678

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PRIDE BUILDING CONCEPTS 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 08/02/2017 and assigned
Florida document number L17000165126.

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)

280 BALTUSROL DRIVE

NAPLES FL 34113

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

280 BALTUSROL DRIVE

NAPLES FL 34113

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
18 AUG -2 AM 9:54

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:

DARWIN AVELAR

New Registered Office Address:

280 BALTUSROL DRIVE

Enter Florida street address

NAPLES

City

Florida 34113

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 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>
MGR	PABLO MURILLO	611 25TH ST SW	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34113	<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

18 AUG -2 AM 9:54

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG -2 AM 9:54

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 JULY 31ST 2018

Signature of a member or authorized representative of a member

DARWIN AVELAR

Typed or printed name of signee