LIA CAC	1242540
(Requestor's Name) (Address) (Address)	500375369975
(City/State/Zip/Phone #)	10/22/2101015006 ++25.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	2021
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## **COVER LETTER**

## TO: Registration Section Division of Corporations

ALPHA CLEANING SERVICES EAST LLC
SUBJECT: \_\_\_\_\_

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:

JUAN POLANCO

Name of Person

SUMTAX ACCOUNTING GROUP

Firm/Company

4680 LIPSCOMB ST NE SUITE 1

Address

PALM BAY, FL 32905

City/State and Zip Code

SUMTAXAG@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN POLANCO

Name of Person

321 345-7335 at (\_\_\_\_\_) Area Code Davi

a Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES		ANIZATIO	N		
	OF		1 10 4 1	ED	
ALPHA CLEANING SERVICES EAST LLC			N 607 23	<u>рн 12: 34</u>	
ALPHA CLEANING SERVICES EAST LLC ( <u>Name of the Limited Liability</u> (A Florida L	Company as it imited Liability	now appears on of Company)	ur records:	1	
The Articles of Organization for this Limited Liability Cor	mpany were f	iled on	19	TOP STATE	d assigned
Florida document number <u>1.19000242540</u>					-
This amendment is submitted to amend the following:					
_					
A. If amending name, <u>enter the new name of the limite</u>	ed liability co	<u>mpany here</u> :			
The new name must be distinguishable and contain the words "Limite		pany." the designa	tion "ELC"	or the abbreviatio	n "L.L.C."
		pany." the designa	tion "ELC""	or the abbreviatio	n "L.L.C."
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	d Liability Com	pany." the designa	tion "ELC"	or the abbreviatio	n "L.IC."
Enter new principal offices address, if applicable:	d Liability Com	pany." the designa	tion "ELC"	or the abbreviatio	n "L.IC."
Enter new principal offices address, if applicable:	d Liability Com	pany." the designa	tion "LLC"	or the abbreviatio	n "L.IC."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRE</u>	d Liability Com	pany." the designa	tion "ELC"	or the abbreviatio	n "L.IC."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRE</u> Enter new mailing address, if applicable:	d Liability Com	pany." the designa	tion "ELC"	or the abbreviatio	n "L.IC."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRE</u> Enter new mailing address, if applicable:	d Liability Com	pany." the designa	tion "ELC"	or the abbreviatio	n "L.IC."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRE</u> Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	2d Liability Com				
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRE</u> Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> 3. If amending the registered agent and/or registered o	2d Liability Com				
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRE</u> Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> 3. If amending the registered agent and/or registered o	2d Liability Com				
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRE</u> Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> 3. If amending the registered agent and/or registered office address here:	2d Liability Com				
Enter new principal offices address, if applicable:	2d Liability Com				

City

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.

Zip Code

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	<b>Type of Action</b>
MGR	VIVIANE G FLEMING	1313 CROTON RD	🗆 Add
		MELBOURNE, FL 32935	<b>E</b> Remove
			□Change
MGR	DAVID FLEMING	2250 SUNSET AVENUE	<b>≣</b> ∆dd
		INDIALANTIC, FL 32903	🗍 Remove
			□Change
			🗆 Add
			🗆 Remove
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Ü Ühange
<u> </u>			🗆 Add
			🗆 Remove
			Change

. . . .

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

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ctive date, if of	her than the date	e of filing:	)21	(0	<b>ptional)</b> after filing.) Pursuant to ( this date will not be l	

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.

OCTOBER 18 Dated	2021
	Viviane Hening Signature of a member or authorized representative of a member
VIVIANE G FLE	

Typed or printed name of signee