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COVER LETTER

Division of Co	rporations			
Alfa One	Investments, LLC			
SUBJECT:				
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ruben Salvatella			
		Name of Person		
	One Team Professionals,	Inc		
		Firm/Company		
	214 E. Oak Street			
		Address		
	Kissimmee, FL 34744			
	City/State and Zip Code ruben.salvatella@gmail.com			
	E-mail address: (to be used for future annual report notific	cation)	
For further information of	concerning this matter, please c	all:		
Ruben Salvatella		407 414-6151		
		at ()	Telephone Number	
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	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)	
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	ion	

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alfa One Investments, LLC

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(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 ______06/25/2020 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address 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.

If Changing Registered Agent, Signature of New Registered Agent

If amanding 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>	Address 7.23 AUR 12 AN 7: 26	Type of Action
MGR	Ruben Salvatella	1757 Ranger Highlands Rd. Kissimmee, FL 34744	
			= Add
			□Remove
			□Change
MGR	Thomas E. Bello Sr.	1715 Lee Janzen Dr. Kissimmee, FL 34744	=
	 		= Add
			□Remove
			□ Change
			□Add
			□Remove
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			🗆 Add
			□Remove
			□Change

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ective date, if other than the date of filing	: (optional)
n effective date is listed, the date must be specific and te: If the date inserted in this block does not me tument's effective date on the Department of St	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (seet the applicable statutory filing requirements, this date will not be listed as thate's records.
ecord specifies a delayed effective date, but not a s filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
August 8th	2020
ted	•
	TIA
Signature of a m	tember or authorized representative of a member
'\	ben Salvatella