

L20000 177350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

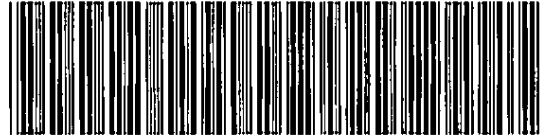
(Business Entity Name)

(Document Number)

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SEP 30 2020

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**  
Alfa One Investments, 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:

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 notification)

For further information concerning this matter, please call:

Ruben Salvatella

407

414-6151

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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 Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

## Zip Code

**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          | Ruben Salvatella    | 1757 Ranger Highlands Rd. Kissimmee, FL 34744 | <input checked="" type="checkbox"/> Add |
|              |                     |   | <input type="checkbox"/> Remove         |
|              |                     |   | <input type="checkbox"/> Change         |
| MGR          | Thomas E. Bello Sr. | 1715 Lee Janzen Dr. Kissimmee, FL 34744       | <input checked="" type="checkbox"/> Add |
|              |                     |   | <input type="checkbox"/> Remove         |
|              |                     |   | <input type="checkbox"/> Change         |
|              |                     |   | <input type="checkbox"/> Add            |
|              |                     |   | <input type="checkbox"/> Remove         |
|              |                     |   | <input type="checkbox"/> Change         |
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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 August 8th 2020

**Filing Fee: \$25.00**