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(Re	questor's Name	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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211/21



FLORIDA DEPARTMENT OF STATE Division of Corporations

2. .

February 5, 2021

MICHAEL JACINTHE 7857 NW 3RD PL MARGATE, FL 33063

SUBJECT: ALPHA EPOXY LLC Ref. Number: L20000344174

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit all pages for filing. Page 1 of 3 is missing. All pages must be returned in order to file the document. Enclosed is the MISSING PAGE(S).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00002687

Querida R Moore Regulatory Specialist II

www.sunbiz.org

r
TO: Registration Section
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:
Michael Jacinthe
ALPHA E-POX LL C
7857 NW 3rd P CONCOCADE CAP
Margate + 33063 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Daytime Telephone Number Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

•	U	r	The second secon
Alpha c	POXV	LLC	2021 FEB 22 PM 5: 50
(Name of the Limited	1 Liability Compa A Florida Limited L	ny as it now appears o liability Company)	OLZOLLO OSSEE, FL
e Articles of Organization for this Limited Lia orida document number 2004 L 20	bility Company	were filed on A	and assigned
is amendment is submitted to amend the follow	wing:		
If amending name, enter the new name of	the limited liabi	ility company here	
e new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the desig	mation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica		<u> </u>	
rincipal office address MUST BE A STREET	<u>(ADDRESS)</u>		
nter new mailing address, if applicable:			
<u> Iailing address MAY BE A POST OFFICE E</u>	<u>80X)</u>		
. If amending the registered agent and/or regent and/or the new registered office address	egistered office : s here:	address on our rec	ords, <u>enter the name of the new registe</u>
Name of New Registered Agent:			
New Registered Office Address:		Enter Florid	ı street address
			, Florida Zip Code
		City	г ар Соае
ew Registered Agent's Signature, if changing B	<u>legistered Agent</u>	<u>.</u>	
hereby accept the appointment as registered as a registered arms of all statutes relative to the property of t	d agent and agr er and complete	ree to act in this co performance of n	pacity. I further agree to comply with y duties, and I am familiar with and

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>	Address	Type of Action
\overline{Wpl}	Michael Jacinthe	7857 NW 3 Pl Margale	tzAdd
			□Remove
			Change
$\overline{\mathcal{M}}$	Anthony Walters		□Add
	'	7943 NW 3 Place Margo	Te demove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□Add
			□Remove
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			□Remove
			□Change

(lf an e <u>Note</u>	tive date, if other than the date of filing:
If the record is:	ord 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 filed.
Dated	12/14/2020
	Signature of a member or authorized representative of a member
	Typed or printed name of signee