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## **COVER LETTER**

TO:

Registration Section

Division of Corporations

SUBJECT: Steel Name of Lin	reinforcing UC mited Liability Company	
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Jas	e Gr. Frias-Perez	
Stee	f X Reinforcing LLC Firm/Company	
	Dixie road Address	
	City/State and Zip Code 53801	
<u>ALPha</u> E-mail address:	(to be used for future annual report notification)	
For further information concerning this matter, please of	call:	
Jose Frias Name of Person	at ( <u>863</u> ) <u>8998749</u> 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 & ☐ \$60.00 Filing Certified Copy Certificate o	
(already payod letter is attached)	(additional copy is enclosed) Certified Copy (additional copy)	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	einforcil	ng LLC	, 
(Name of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	y n our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	1-5-21	and assigned
Florida document number <u>86 - 168-2238</u>			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u> Alpha Rebuy	LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			73 <b>73</b>
Principal office address MUST BE A STREET ADDRES	<u></u>		PR 2
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)			AM 800
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our r	ecords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		<u> </u>	·
New Registered Office Address:	Enter Flor	ida street address	
		, Florid	9
	City	, , , 10110	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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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e: If the date his	ther than the date of ted, the date must be spected in this block do addedonate on the Departm	es not inect the a	applicable statuto	Irry 4-20-, ng of nore than 90 de ry filing requireme	<b>Zoptional)</b> ays after filing.) Pursi nts, this date will r	uant to 605.020 not be listed a
cord specifies a d s filed.	elayed effective date.	but not an effec	tive time, at 12;0	l a.m. on the earlie	er of: (b) The 90th	n day after the
ed <u>4-6</u>	20-23					
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Filing Fee: \$25.00