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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : 120080000061 Phone : (407)582-9830 Fax Number : (407)601-6393

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KING OF TILE SERVICES, LLC

Certificate of Status	0
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Help

Alpha 4076016393 >> 850-617-6381 COVER LETTER

TO:	Registration Se Division of Cor		
SUBJI		LLE SERVICES, LLC	
	<u></u>	Name of Limited Liability Compan	у
The en	closed Articles of	Amendment and fee(s) are submitted for filing.	
Please	retum all correspo	ndence concerning this matter to the following:	
		MARJA PINHEIRO	
		Name of Perso	n
		ALPHA BUSINESS CONSULTING, LLC	
		Firm/Company	/
		6412 W COLONIAL DR	
		Address	
		ORLANDO, FL 32818	
		City/State and Zip	Code
		pinhciromaria@att.net	nnual report notification)
		E-mail address: (to be used for future as	nnual report notification)
For fur	ther information co	oncerning this matter, please call:	34V 🖠
MARI	A PINHEIRO	407 at {	582-9830
	Name of		Daytime Telephone Number
Enclose	ed is a check for th	e following amount:	
□ \$2,	5.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Certificate of Status	cy Certificate of Status &

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

Alpha 4076016393 >> 850-617-6381 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linhility Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100073066</u>	were filed on 02/11/2021	and assigned
his amendment is submitted to amend the following: 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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL 32805		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
•		20
Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32805	, >>-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, enter the	name of the new registered
ngent and of the new registered office address here,		
Name of New Registered Agent:		
New Registered Office Address:		
· — — —	Enter Florida street address	

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.

City

Florida

2021-04-23 11:03 Alpha 4076016393 >> 850-617-6381 P 4/5 amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	NONE		□ Remove
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Effective date, if other than the date of filing:									
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Signature of a member or directionized representative of a member	s filed.	<u> </u>		MAY.	7				

Filing Fee: \$25.00