L21000189730

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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Corp	porations	,	
SUBJECT:	ALPHA-TE	CH AVIATION SERVICES,	LLC.	
SOBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		GUILLERMO ALEJAND	RO PICHARDO	
			Name of Person	
		ALPHA-TECH AVIATIO	N SERVICES, LLC.	
			Firm/Company	
		1726 SW 154TH AVE.		
			Address	
		MIAMI, FLORIDA 33185		
			City/State and Zip Code	
		GPICHARDO@ALPHATE		
е е	,-		o be used for future annual report no	itification)
For further n	nformation co	encerning this matter, please ca	att:	
GUILLERM ——	IO ALEJANI	DRO PICHARDO	305 582-9850 at ()	
	Name of	Person		me Telephone Number
Enclosed is a	check for the	e following amount:		
≅ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	iling Address	ection	Street Address: Registration S	
Division of Corporations		Division of Co	rporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHA-TECH AVIATION SERVICES,	LLC.	
(<u>Name of the Limited Lia</u> (À Flo	bility Company as it now appears on our rida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L21000189730	Company were filed on 04/23/2021	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
N/A		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u>~</u>
Principal office address MUST BE A STREET AD.	DRESS)	24 (
		2
Enter new mailing address, if applicable:	N/A	. 70
Mailing address MAY BE A POST OFFICE BOX)		e
		 110
3. If amending the registered agent and/or registe gent and/or the new registered office address here		nter the name of the new regist
Name of New Registered Agent: N/A	.	
New Registered Office Address:		
	Enter Florida street o	nddress
		_, Florida
	City	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 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
AMBR	BETANCOURT E. RAMON	2349 SW 117TH AVE.	
		MIRAMAR, FL 33025	Remove
			□Change
AMBR	RAMON BETANCOURT	2349 SW 117TH AVE.	■Add
		MIRAMAR, FL 33025	□Remove
			□Change
			□Add
			□Remove
			Change
			.: 00
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Tective date, if other than the date of filing: 10/6/2021 10/6/2021 10/6/2021 10/6/2021 10/6/2021 10/6/2021 10/6/2021 10/6/2021 10/6/2021 10/6/2021	or to date of filing icable statutory	or more than 90 days	optional) after filing.) Pu , this date wil	rsuant to 605.02 I not be listed
ecord specifies a delayed effective date, but not an effective s filed.	time, at 12:01 a	m, on the earlier o	f: (b) The 90	Oth day after th
ed OCTOBER 6TH 2021	··			
	. <u> </u>			
	and in			
Signature of a member or aut	horized represent	tive of a mambar		