Fax: 18139325244

To: LLC Amendment

Fax: (850) 617-6383 Division of Corporations

Page: 1 of 5

06/22/2021 1:24 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000244513 3)))



H210002445133ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244

Fax Number : (813)932-3782

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

Email Address: info@activatemylicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALPHA OMEGA BUILDERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000244513 3)))

To: LLC Amendment

Fax: (850) 617-6383

Page: 2 of 5

06/22/2021 1:24 PM

COVER LETTER

TO: Registration Sec Division of Corp		4)))	321000244513 3)))	
SUBJECT: ALPHA (OMEGA BUILDERS LL	C		
30b36C1.	Name of Limi	ted Liability Company		
The enclosed Articles of <i>i</i>	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	WILLIAM MOORE			
		Name of Person		
	CONTRACTORS R	EPORTING SERVICE IN	<u>C</u>	
		Firm/Company	202 S TA	
	13795 N NEBRASK	A AVE	LL A	
		Address	N 22	-
	TAMPA, FL 33613		2021 JUH 22 AM 12: 01 SECRETARY OF STATE TALL ANASSEE, FLORIG	Ĭ
		City/State and Zip Code	412:	
	info@activatemylicer E-mail address: (ISE.COM to be used for future annual report no	tification)	
For further information c	oncerning this matter, please ca	all:		
WILLIAM MOORE		813 932-524	<u> </u>	
	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration	Section	Street Address: Registration S		
Division of Corporations P.O. Box 6327		Division of Co The Centre of		
Tallahassee, FL 32314		2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

From: Bill Modre

Fax: 18139325244

To: LLC Amendment

Fax: (850) 617-6383

Page: 3 of 5

06/22/2021 1:24 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000244513 3)))

ALPHA OMEGA BUILDERS LLC (Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were	filed on 5/3/2021 and assigned
Florida document number L21000206473	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	impany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BENTOOL OF LIEU 2019)	
B. If amending the registered agent and/or registered office address here:	ess on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfaccept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additionally has been notified in writing of this change.	formance of my duties, and I am Iamiliar with and idea for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Bill Moore Fax: 18139325244

To: LLC Amendment

Fax: (850) 517-6383

Page: 4 of 5

06/22/2021 1:24 PM

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 (((H21000244513 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALPHA OMEGA GROUP LLC	5379 LYONS ROAD, SUITE 114	🖸 Add
		COCONUT CREEK. FL 33073	■ Remove
			Change
MGR	GERALD GREEN	5379 LYONS ROAD, SUITE 114	= Add
		COCONUT CREEK, FL 33073	🗀 Remove
			Change
MGR	STEPHANIE GREEN	5379 LYONS ROAD, SUITE 114	■Add
		COCONUT CREEK, FL 33073	Remove
			Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□ Change

Fax: 18139325244

(((H21000244513 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: _ (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. If the record 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 record is filed. 2021 Dated JUNE 22 Signature of a member or authorized representative of a member GERALD GREEN Typed or printed name of signee