L21000325781

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COVER LETTER

то:	Registration So Division of Co			·
SUBJEC		ENOVATIONS LLC		
SOBJEC	-1	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		CARLOS EDUARDO GI	MENEZ COLMENAREZ	
		-	Name of Person	
		ALPHA RENOVATIONS	LLC	
			Firm/Company	
		2178 MEADOW CT		
		<u></u>	Address	
	APOPKA, FLORIDA,32703			
			City/State and Zip Code	
	1	ALPHARENOVATIONS7	_	
For furth	er information o	oncerning this matter, please c	to be used for future annual report no all:	tification)
	S GIMENEZ	,	321 4608581	
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 Addres Registration S	Section	Street Address: Registration Se	ection
	Division of C P.O. Box 632		Division of Co	rporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHA RENOVATIONS LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 07/16/2021 and assigned
Florida document number L21000325781	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	2023
(Principal office address MUST BE A STREET ADDRESS)	SEP
	- 2 [
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<u>-</u>	· · ·
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 heing 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

Title	Name	Address	Type of Action
AMBR	TORRES YOHANA CAROLINA	2178 MEADOW CT,APOPKA,FL,32703	□Add
		REMOVE	≡Remove
			□Сһалде
	~		□Add
			□Change
			C]Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change
			□Add
			□Remove
			□Change

D. II AII	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
TAOLE:	tive date, if other than the date of filing:
f the reco ecord is f	rd 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 led.
Dated	9/1/2023
	Signature of a gheriber or authorized representative of a member
	CARLOS EDUARDO GIMENEZ COLMENAREZ Typed or printed name of signee

Filing Fee: \$25.00