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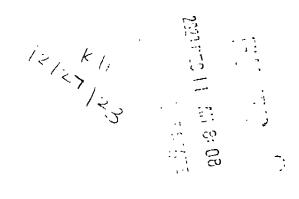
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COVER LETTER

10:				
	Alpha Deve	elopments, LLC	•	
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		Konstantinos Andriopoulos	:	
			Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: Intinos Andriopoulos Name of Person Developments, LLC Firm/Company Address FI 34761 City/State and Zip Code driopoulos@gmail.com E-mail address: (to be used for future annual report notification) this matter, please call: 407	
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. the return all correspondence concerning this matter to the following: Name of Person			
		Developments, LLC Name of Limited Liability Company		
Division of Corporations Alpha Developments, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Konstantinos Andriopoulos Name of Person Alpha Developments, LLC Firm/Company 2782 Valeria Rose Way Address Ococe, Fl 34761 City/State and Zip Code kostaandriopoulos@gmail.com E-mail address: (to be used for future ununal report notification) For further information concerning this matter, please call: Konstantinos Andriopoulos Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy Certificat Copy Lickling See Section of Certificat Copy Certificat Copy Lickling See Section of Status Certificat Copy Certificat Copy Certificat Copy Lickling See Section of Status Certificat Copy Certificat Copy				
	Address			
Division of Corporations Alpha Developments, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Konstantinos Andriopoulos Name of Person Alpha Developments, LLC Firm/Company 2782 Valeria Rose Way Address Quoee, Fl 34761 City/Nate and Zip Code kostaandriopoulos@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Konstantinos Andriopoulos Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate cof Status Certificate cof Status Certificate Copy Certificate Copy				
		kostaandriopoulos@gmail.c		
		E-mail address: (to be used for future annual report notification	1)
For furth	er information c	oncerning this matter, please c		
Konstan	tinos Andriopoul	los		
	Name o	of Person	at () Area Code Daytime Telep	ohone Number
Enclose	d is a check for tl	he following amount:		. 3
□ \$25	.00 Filing Fee		Certified Copy	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpha Developments, LLC	<u></u> .
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	iow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	led on March 23, 2022 and assigned
Florida document number	
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," 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)	
	200
	- 20
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new revister
agent and/or the new registered office address here:	on our records, enter the name of the money of
and the new together th	
Name of New Registered Agent:	<u>ු ල ඉ</u>
Nove Day's aread Office Address.	그를 중
New Registered Office Address:	Enter Florida street address
	Γ1≟.4
Cut	, Florida

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>	<u>Address</u>	Type of Action
MGR	Konstantinos Andriopoulos	2782 Valeria Rose Way	
			🗆 Add
		Ocoee, Fl 34761	
			🗀 Remove
AMBR	Teodoro Andriopulos	2775 Valeria Rose Way	
		Ococe, Fl 34761	
			□Remove
			■ Change
AMBR	Juan M. Faria	2782 Valeria Rose Way	
			□ Add
		Ococe, Fl 34761	
			Remove
			Change
AMBR	George J. Psomas	2782 Valeria Rose Way	ر ج
			□ Add
		Ococe, Fl 34761	
			■Remove
			리 :
			□Change
AMBR	Teodoro Andriopulos 2775 Valeria Rose Way □ Add Ococe, Fl 34761 □ Rema □ Chan Juan M. Faria 2782 Valeria Rose Way □ Add Ococe, Fl 34761 □ Rema □ Chan George J. Psomas 2782 Valeria Rose Way □ Add Ococe, Fl 34761 □ Rema □ Chan □	S 0	
		Ococe, FI 34761 2782 Valeria Rose Way Ococe, FI 34761 2782 Valeria Rose Way Ococe, FI 34761	
		Ocoee, Fl 34761	
			Remove
			5
			Change
AMBR	Orlando J. Soto	2782 Valeria Rose Way	7
		Ococe, FI 34761	—
			■Remove
			Change

). If amending any other i	mornianon, ente	r change(s) here.	(miles dedine	ner ancers, y neces	.s.u y.)	
						
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Effective date, if other t	han the date of fil	lin <i>o</i> ·		(optio	س سر nal)	
(If an effective date is listed, the Note: If the date inserted	date must be specific	and cannot be prior to		re than 90 days after f	lling.) Pursuant to 60	
document's effective date				1		00 25
the record specifies a delayed ord is filed.	l effective date, but	not an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day aft	
December 7		2023	a			
Dated			- 1			
	Signature of	f a member or author	ized representative	of a member		
1	LOUSTAUTI	LOS AN	Driosonla	J		
	VEZIT	Typed or printed	I name of signee			