

L220000154737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

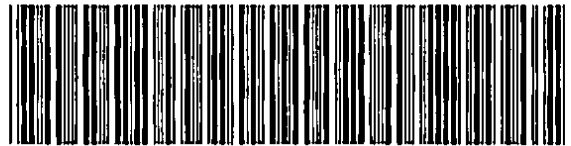
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600387446236

05/10/22--01014--005 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
22 MAY 10 AM 9:00

T. MATTHEWS

JUL - 8 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALPHA ALUMINUM WHEELS LLC  
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:

GILVANA AVILA

Name of Person

Firm/Company

2170 VICTORIA DRIVE

Address

DAVENPORT, FLORIDA 33837

City/State and Zip Code

GILVANA@TRILHACO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVANA AVILA

Name of Person

869  
at ( )

Area Code

230 7565

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ALPHA ALUMINUM WHEELS LLC

22 MAY 10 AM 9:00

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/30/2022 and assigned  
Florida document number L22000154737.

This amendment is submitted to amend the following:

**A. 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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

625 W BRIDGERS AVE

AUBURNDAL, FLORIDA

33823

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

625 W BRIDGERS AVE

AUBURNDAL, FLORIDA

33823

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

WILKINSON, RONALD

New Registered Office Address:

3567 MANATEE RD

*Enter Florida street address*

TAVARES

, Florida 32778

*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 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>	<u>Type of Action</u>
MGR	AVILA, GILVANA	625 W BRIDGERS AVE	<input type="checkbox"/> Add
		AUBURNDALE, FLORIDA	<input type="checkbox"/> Remove
		33823	<input checked="" type="checkbox"/> Change
MGR	WILKINSON, RONALD	3567 MANATEE RD	<input type="checkbox"/> Add
		TAVARES, FLORIDA	<input type="checkbox"/> Remove
		32778	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

March 30<sup>th</sup> \_\_\_\_\_, 2022



Signature of a member or authorized representative of a member

Silvana Avila

Typed or printed name of signee