

L22000 363 009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**MILLER TURETSKY RULE & McLENNAN**  
*A Professional Corporation*

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*Of Counsel*

\*ALSO MEMBER OF NEW JERSEY BAR

November 17, 2023

Florida Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

**RE: Alpha Mechanical Construction Solutions, LLC**  
**Entity No. L22000363009**  
**Letter Number: 723A00025675**

Dear Sir/Ms:

Enclosed for filing please find one (1) original and one (1) copy of an *Amendment* for the above referenced entity. Please process this amendment and return a time stamped copy to me acknowledging your receipt of same.

I am also enclosing a check in the amount of \$25.00 representing payment of your filing fee.

Should you have any questions or require anything further, please let me know.

Very truly yours,

*M. Calkins*

Michelle Calkins  
Paralegal to Keith B. McLennan

/mac

Enclosure

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALPHA MECHANICAL CONSTRUCTION SOLUTIONS, LLC

(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 AUGUST 17, 2022 and assigned Florida document number 1.22000363009.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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	MIGUEL MAYORCA	13750 Doubletree Trail, Wellington, FL 33414	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOANNA STEVENS	15694 85th Road, N, Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOANNA STEVENS	15694 85th Road, N, Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARC STEVENS	15694 85th Road, N, Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL



SECRETARY OF STATE  
MAIL ROOM  
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(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.

Dated April 30 2024

Signature of a member or authorized representative of a member

X  MIGUEL MAYORCA / X  JOANNA STEVENS

Typed or printed name of signee

**Filing Fee: \$25.00**