

L230000006257

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

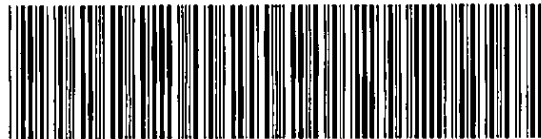
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ATTORNEY GENERAL

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2024 NOV 13 PM 3:22  
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ATTORNEY GENERAL  
ORIDA

\* FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437


2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

**Please use funds from this account: I20210000160: \$25.00**

Authorization Signature: 

**Business Name:** ALPHA BUILDKRAFT LLC

**Document#** L23000006257

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☐ Certificate of Status

**NEW FILINGS**

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

**OTHER FILINGS**

☐ Apostille

Country

**AMMENDMENTS**

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Annual Report

☐ Fictitious Name

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

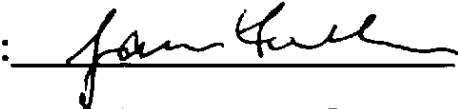
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EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALPHA BUILDKRAFT 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:

ANTONOPOL SOZIRIA  
Name of Person

ALPHA BUILDKRAFT LLC  
Firm/Company

6278 N FEDERAL HWY #401  
Address

FORT LAUDERDALE, FL 33308  
City/State and Zip Code

info@alphabuildkraft.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOZIRIA ANTONOPOL at 954 332-5886  
Name of Person Area Code 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

ALPHA BUILD&RAFT LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED:  
2024 NOV 13 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

The Articles of Organization for this Limited Liability Company were filed on 07/03/2023 and assigned  
Florida document number L23000006257

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)

3949 NW 84<sup>th</sup> WAY  
COOPER CITY, FL  
33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6278 N FEDERAL HWY # 407  
FORT LAUDERDALE, FL  
33308

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

\_\_\_\_\_, Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.

**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.

Dated 11/13/2024. \_\_\_\_\_  
\_\_\_\_\_ *antkneprduo* S

ANTHONY J. LOO SECRET  
Typed or printed name of signee

**Filing Fee: \$25.00**