Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)527-6617
Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(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 ____07/13/2023 Florida document number L23000332742 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

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

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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>	Address	Type of Action
AMBR	CASTELLO, ERNESTO	4206 EASTGATE DR, SUITE 401	🗆 Add
		ORLANDO, FL 32839	■Remove
			□Change
AMBR PULITTO, GONZALO	PULITTO, GONZALO	4206 EASTGATE DR, SUITE 401	□Add
		ORLANDO, FL 32839	■ Remove
			□Change
AMBR	AMBR LUIS F. BENCO	3616 COLLINS AVENUE	= Add
		MIAMI, FL 33139	□ Remove
			□Change
		□Add	
			□Remove
			□Change
		□Add	
			□Remove
			Change
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			Remove
			□Change

11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
e 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 ed.
Dated _	JULY 13TH 2023
	Signature of a member or authorized representative of a member
	LIV ACEVEDO
	Typed or printed name of signee