

L24000178230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

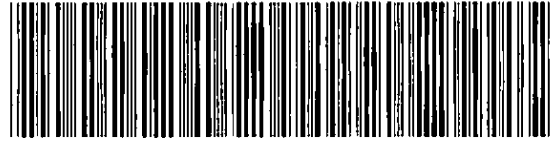
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

134/0155

Office Use Only



500436738915

09/19/24--01023--008 **25.00

09/19/24--01023--009 **35.00

FILED
2024 OCT 28 PM 5:32
CLERK OF STATE
TALLAHASSEE, FL

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2024

NAZAR JASIM
5657 ANTIETAM DR
SARASOTA, FL 34231 US

SUBJECT: ALPHA CONTRACTING SOLUTIONS LLC
Ref. Number: L24000178230

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A dissolution was filed on 07/18/2024 for your LLC/CORP. The attached articles of amendment cannot be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tyreek L Greene
Regulatory Specialist II

Letter Number: 724A00021610

FILED
2024 OCT 28 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Contracting Solution

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:

Nazar Jasim

Name of Person

Alpha Contracting Solution

Firm/Company

5657 Antietam Dr

Address

Sarasota, Florida, 34231

City/State and Zip Code

Info@alphacontractingsolution

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 28 PM 5:32

FILED

For further information concerning this matter, please call:

Nazar Jasim

727 2698810

at (_____) _____

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 Contracting Solution 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 04/15/2024 and assigned
Florida document number 1.24000178230.

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)

5657 Antietam

Sarasota, Florida 34232

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5317 Fruitville Rd

Sarasota FL 34232

FILED
2024 OCT 28 PM 5:32
CLERK OF STATE
TALLAHASSEE, FL

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:

Nazar Jasim

New Registered Office Address:

5657 Antietam Dr

Enter Florida street address

Sarasota

Florida 34231

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.

See attached

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

Title	Name	Address	Type of Action
AMBR	SAFAA KHADHIM GHYADII	YLASTONTIE 97B, 01690 VANTAA, FINLAND	<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
			<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

FILED
2024 OCT 28 PM 5:32
TALLAHASSEE, FL

2024 OCT 28 PM 5:32
SEPTORIAN OF STATE
TALLAHASSEE, FL

2024 OCT 28 PM 5:32
SEAL OF STATE
TALLAHASSEE, FL

FILED

(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)

Dated 09/16 2024

Signature of a member or authorized representative of a member

Nazar Jasim
Typed or printed name of signee

Filing Fee: \$25.00