# P15000049291

(Re	questor's Name)	
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(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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#### COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: ALPHA 8 EMTERPRISE INC.
DOCUMENT NUMBER: P15000049291
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DIEGO CASTRO Name of Contact Person
Firm/ Company  26/4 DVR HAM 97.  Address  TAMPA FL 33605  City/ State and Zip Code  OLFGO CASTRONESA & HOTHAIL. CO.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813) 506-4587  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

J\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

~

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### Articles of Amendment

to

## Articles of Incorporation of

HIJHH X (Name of Corpor	ENER ration as currently	filed with the Florida	Dept. of State)	
DIMAROLO	1979	1	,	
(Do	cument Number of C	Corporation (if known)		
ursuant to the provisions of section 607.1006, Floras Articles of Incorporation:			on adopts the follow	ring amendment(s) t
. If amending name, enter the new name of th	e corporation:			The new So
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	orp," "Inc," or "Co	o". A professional con		
. Enter new principal office address, if applice Principal office address MUST BE A STREET A				
				35 
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)			
				<del></del>
			£ 41	
. If amending the registered agent and/or reginew registered agent and/or the new registe		ss in Florida, enter the	name of the	
Name of New Registered Agent				in Addresia
	(Florida stree	et address)		
New Registered Office Address:			, Florida	
	(0	City)	(Z	ip Code)
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age.		ith and accept the oblig	utions of the positio	n.
		aistured Agent if chance		<del></del>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John De				
X Remove						
	<u>v</u>	Mike Jo				
_X Add	<u>sv</u>	Sally St	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>	^	<u>Name</u>		Address	
1) Change	M	) -	DIEGO	CASTU	2614 DU	PHAM S
_ <b>X_</b> _ Add					TAMPH FO	<u></u>
Remove						<u>000</u>
2) Change		_				
Add						
Remove						
3 ) Change		_		<del></del>		
Add						
Remove					<del></del>	
4) Change	<del></del>	_				
Add						
Remove						
5) Change		_				<del></del>
Add						
Remove						
6) Change			****	<del></del>		<del></del>
Add					ARRIVA	
Remove						

Attach additional sheets, if necessary).	(Be specific)
.,	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Statute it not contained in the amendment users.

The date of each amendment(s) adoption: 6/27/20/5	han tha
date this document was signed	16.14
Effective date if applicable:  6 1 2 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	(ACHON)
(no more than 90 days after amendment file date) 15 JUN 26 PM	3: 36
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	i as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
- Dated 06-24-15	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
PAMON A CASTRO  (Typed or printed name of person signing)	
(Typed of printed fiame of person signing)	
VREGIDENT.	
(Title of person signing)	