## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : I20080000061 : (407)582-9830 Phone : (407)294-7677 Fax Number

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

Enail Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LDTAG CONSTRUCTION, INC

|                       | _       |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

JAN 04 2016

C. CARROTHERS

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## COVER LETTER

| Division of Co        |  |
|-----------------------|--|
| NAME OF CORP          | DRATION: LDTAG CONSTRUCTION, INC                                   |
|                       | MBER: P15000101588   |
|                       | es of Amendment and fee are submitted for filing.                  |
| Please return all cor | respondence concerning this matter to the following:               |
|                       | MARIA PINHBIRO   |
|                       | Name of Contact Person   |
|                       | ALPHA BUSINESS CONSULTING, LLC                                     |
|                       | Firm/ Company  |
|                       | 7022 CARLENE DR  |
|                       | Address  |
|                       | ORLANDO, FL 32835  |
|                       | City/ State and Zip Code   |
| pial                  | eciromaria@att.net   |
|                       | E-mail address: (to be used for future annual report notification) |
| For further informati | on concerning this matter, please call:                            |
| MARIA PINHEIRO        | nt (   |
| Nome                  | of Contact Person Area Code & Daytime Telephone Number             |

Enclosed is a check for the following amount made payable to the Florida Department of State:

| •   |   |   | ~         |
|---|---|---|-----------|
| ,   |   | 3.7 CO<br>CT (11)   | 05        |
| •   | Articles of Amendment<br>to   | 7.E   | 30        |
|   | Articles of Incorporation   | 表式  | DEC 31    |
|   | of  | 25<br>25<br>25<br>25<br>25<br>25<br>25<br>25<br>25<br>25<br>25<br>25<br>25<br>2 |           |
| LDTAG CONSTRUCTION, INC   |   | लिं   | 70        |
| (Name of Corpo  | ration as currently filed with the Florida Dept. of State)                  | S   | PN 12: 43 |
| P15000101588  |   | <u> </u>  | -         |
| (Do   | ocument Number of Corporation (if known)                                    | 577   | <u> </u>  |
| Pursuant to the provisions of section 607.1006, Flo<br>ts Articles of Incorporation:  | orida Statutes, this Florida Profit Corporation adopts the folk             | owing amendme   | ent(s     |
| A. If amending name, enter the new name of th   | e corporation;  |   |           |
|   |   | The new   | v         |
| vord "chartered," "professional association," or<br>B. Enter new principal office address, if applice<br>Principal office address <u>MUST BE A STREET A</u> | able:   |   |           |
|   |   |   |           |
|   |   |   |           |
|   | · · · · · · · · · · · · · · · · · · ·                                       |   |           |
|   | ROY   | <u>.</u>  |           |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  | BOX)  |   |           |
|   | BOX)  |   |           |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  | <i>BOX</i> )  | <u>.</u>  |           |
| (Mailing address <u>MAY BE A POST OFFICE</u>  |   |   |           |
| (Mailing address MAY BE A POST OFFICE)  1. If amending the registered agent and/or registered.  | stered office address in Florida, enter the name of the                     |   |           |
| (Mailing address MAY BE A POST OFFICE)  1. If amending the registered agent and/or registered new registered new registered new registered.                 | stered office address in Florida, enter the name of the                     |   |           |
| (Mailing address MAY BE A POST OFFICE)  1. If amending the registered agent and/or registered.  | stered office address in Florida, enter the name of the                     |   |           |
| (Mailing address MAY BE A POST OFFICE)  - If amending the registered agent and/or registered new registered new registered.                                 | stered office address in Florida, enter the name of the red office address: |   |           |
| (Mailing address MAY BE A POST OFFICE)  1. If amending the registered agent and/or registered new registered new registered new registered.                 | stered office address in Florida, enter the name of the                     |   |           |
| (Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered new registered new registered new registered.                  | stered office address in Florida, enter the name of the red office address: |   |           |

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 = Chairmon 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.

| X Change                      | PT        | John Do  | <u>00</u>     |                      |
|-------------------------------|-----------|----------|---------------|----------------------|
| X Remove                      | ¥         | Mike Jo  | ones .        |                      |
| X Add                         | <u>sv</u> | Sally St | mith_         |                      |
| Type of Action<br>(Check One) | Title     |          | Name          | Address              |
| 1) Change                     | VP        |          | DEISE PEREIRA | 13527 MISARDEN LN    |
| Add                           |           |          |               | WINDERMERE, FL 34786 |
| X Remove                      |           |          |               |                      |
| 2) Change                     |           | _        |               |                      |
| Add                           |           |          |               |                      |
| Remove                        |           |          |               |                      |
| 3) Change                     |           | _        |               |                      |
| Add                           |           |          |               |                      |
| Remove                        |           |          |               |                      |
| 4) Change                     |           | _        |               |                      |
| Add                           |           |          |               |                      |
| Remove                        |           |          |               |                      |
|                               |           |          |               |                      |
| 5) Change                     |           | -        |               |                      |
|                               |           |          |               |                      |
| Remove                        |           |          |               |                      |
| 6) Change                     |           | -        |               |                      |
| Add                           |           |          |               |                      |
| Remove                        |           |          |               |                      |

| If an amendment provides for an exchange, reclassification, or cancellation of issued thares, provisions for implementing the amendment if not contained in the amendment itself.  (if not applicable, indicate N/A)  ONE | If amending or adding additional (Attach additional sheets, if necessar | rry). (Be specific)                                 |               |
|---|---|---|---------------|
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  | ONE   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  | -   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   | <u> </u>  |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  | · · · · · · · · · · · · · · · · · · ·                                   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  | <u> </u>  |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   | ,             |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
| provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate NA)  |   |   |               |
|   | provisions for implementing the a (if not applicable, indicate NA)      | amendment if not contained in the amendment itself: |               |
|   |   |   |               |
|   |   |   |               |
|   |   |   |               |
|   | <del></del>   |   |               |
|   |   |   | <del></del> , |
|   |   |   |               |
|   |   |   |               |

|   | 12/30/2015  |                              |
|---|---|------------------------------|
| The date of each amendment(s) adoptidate this document was signed.                    | on:   | , if other than th           |
| Effective date if applicable:   |   |                              |
|   | (no more than 90 days after amendment file date)  |                              |
| Note: If the date inserted in this block document's effective date on the Department. | does not meet the applicable statutory filing requirements, this duent of State's records.                                      | ate will not be listed as th |
| Adoption of Amendment(s)  | (CHECK ONE)   |                              |
| The amendment(s) was/were adopted<br>by the shareholders was/were sufficie            | by the shareholders. The number of votes cast for the amendment<br>of the approval.   | (s).                         |
|   | d by the shareholders through voting groups. The following statem voting group entitled to vote separately on the amendment(s): | ent                          |
| "The number of votes cast for th  | e amendment(s) was/were sufficient for approval   |                              |
| by  | (voting group)  |                              |
|   | (voting group)  |                              |
| ☐ The amendment(s) was/were adopted action was not required.                          | by the board of directors without shareholder action and sharehold  | ler                          |
| ☐ The amendment(s) was/were adopted action was not required.                          | by the incorporators without shareholder action and shareholder   |                              |
| DECEMBER 30   | , 2015  |                              |
| Dated   |   |                              |
| Signature   |   |                              |
| (By a directo   | , president of other officer - if directors or officers have not been   | <u> </u>                     |
|   | an incorporator - if in the hands of a receiver, trustee, or other cou  |                              |
| appointed fid   | luciary by that ilduciary)  |                              |
| LUC   | IANO PEREIRA  |                              |
|   | (Typed or printed name of person signing)   |                              |
| PRES  | BIDENT  |                              |
|   | (Title of names signing)  |                              |