# P17000061202

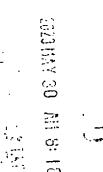
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: ALPHA GRANITE GROUP, INC	N 273		
DOCUMENT NUMBER: P17000060202	Name of Corporation		
The enclosed Articles of Correction and fe	ee are submitted for	or filing.	
Please return all correspondence concerni		•	
RODRIGO DA COSTA			
Name of Contact Person			
ALPHA GRANITE GROUP, INC			
Firm Company		-	
390 N. INDIANA AVE			
Address		•	
ENGLEWOOD, FLORIDA 34223			
City State and Zip Code	<del></del>		
MICHAEL@LAMARCAINSURANCE.COM			
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this m	atter, please call:		
MICHAEL LAMARCA	941	206 0033 Daytime Telephone Number	
Name of Contact Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the following amo	unt:		
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		
□ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Filii Certi	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	
		_	

### Mailing Address:

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

### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

Name of Corporation as currently filed with the Florida Dept. of State	
P17000060202	
Document Number (1t known)	
tursuant to the provisions of Section 607.0124, Florida Statutes.	
hese articles of correction correct OFFICERS	,
(Document Type Being Corrected)	
led with the Department of State on $\frac{05/22/2023}{2}$	
(File Date of Document)	
pecify the inaccuracy, incorrect statement, or defect:	_
EMOVE MILKA DA COSTA FROM CORP	7.07
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	-
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RODRIGO DA COSTA

(Lyped or printed name of person signing)

05/22/2023

(Title of person signing)

Filing Fee: \$35.00

MICHAEL A LAMARCA
Notary Public - State of Florida
Commission # HH 305649
My Comm. Expires Dec 8, 2026
Bonded through National Notary Assn.