P21000040472

(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:
İ

Office Use Only



000369763890

07/12/21--01024--010 **35.00

1505/05/10 HT

FILED

2021 JUL 12 AM 5: 56

COVER LETTER

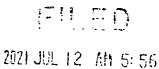
TO: Amendment Section Division of Corporations

,

NAME OF CORPO	DRATION: ALFA MARKETI	NG INC	
	IBER: P21000040472		
	es of Amendment and fee are su	bmitted for filing.	
lease return all corr	espondence concerning this ma	tter to the following:	
	ANDREW GIORGI		
		Name of Contact Perso	n
	N/A		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	2223 Kelle Dr. Apt. 208	• •	
	<u> </u>	Address	
	Chesterton, IN 46304		
		City/ State and Zip Cod	e
		City, Giard and 15th City	-
	alfamkginc@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
or further informati	on concerning this matter, plea	se call:	
ANDREW GIORGI		at (² 19	307-6525
Name of Contact Person		at (219) 307-6525 Area Code & Daytime Telephone Number	
nclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Address
			Iment Section
			on of Corporations centre of Tallahassee
		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



ALFA MARKETING INC

(Nama)	of Corporation as current	ly filed with the Florida Dept. of State)
P21000040472	or Corporation as Current	14 the with the London pages of the con-
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word "
		2223 Kelle Dr. Apt. 208
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Chesterton, IN 46304
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2223 Kelle Dr. Apt. 208 Chesterton, IN 46304
D. If amending the registered agent ar new registered agent and/or the new		
Name of New Registered Agent	N/A	
	N/A	
	(Florida st	reet address)
New Registered Office Address:	N/A	, Florida N/A
	-	(City) (Zip Code)
New Registered Agent's Signature, if c		t: with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = Trustec; C = Chairman or Clerk; CEO = ChiefExecutive 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>b.l.</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	HULEY, SEAN	703 DEL SOL CIRCLE
Add			TEQUESTA, FL 33469
X Remove			
2) Change	P	RUIZ, RENE	2915 KEMBLEWICK DR
Add			APT 207
V			MELBOURNE, FL 32935
Remove 3) Change	P	CHACON, MARCO	10850 NW 82ND TERR
Add			UNIT 5
X Remove			DORAL, FL 33178
4) Change	P	ANDREW GIORGI	2223 Kelle Dr
X Add			Apt. 208
Remove			Chesterton, IN 46304
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	· · · · · · · · · · · · · · · · · · ·

	. <u></u>
	· · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issu	ied shares.
provisions for implementing the amendment if not contained in the amendment if (if not applicable, indicate N/A)	iseii:
N/A	
	

٠.

	N/A	
The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
07/07/	2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareho	lder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the americient for approval.	endment(s)
must be separately provided for e	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
selected, appointed	etor, president or other officer – if directors or officers have no byannincorporator – if in the hands of a receiver, trustee, or od fiduciary by that fiduciary)	
<u>ν</u> –	IARCO CHACON	
	(Typed or printed name of person signing)	
P	RESIDENT	
_	(Title of person signing)	·