# 1-21 (11) WOLHA

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special manuactions to 1 ming officer.

Office Use Only



600375370286

N/C amena

10/22/21--01015--019 \*\*85.00

FILED 2021 NOV 12 AM 10: 31

A. RAMSEY NOV 1 5 2021

X00789, 02544, 02976, 00671

#### COVER LETTER

**TO:** Amendment Section Division of Corporations

	Alpha I Enterprise	s. Inc.	
NAME OF CORPOR	P21000063247	·	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Brian E. Miller		
		Name of Contact Persor	1
	4098 Scarlet Iris Place	Firm/ Company	<del></del>
	Winter Park, F1, 32792	Address	
•		City/ State and Zip Code	e
١	moo.lianemiller85@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Name o	f Contact Person	at ( Area Co.	) de & Daytime Telephone Number
	the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### **COVER LETTER**

**TO**: Amendment Section Division of Corporations

Taffahassee, FL 32314

	Alpha I Enterprise	s. Inc.	
NAME OF CORPO	P21000063247		
DOCUMENT NUM			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Brian E. Miller		
		Name of Contact Person	n
	Alpha I Enterprises, Inc		
		Firm/ Company	
	4098 Scarlet Iris Place		
		Address	<del></del>
	Winter Park, FL 32792		
		City/ State and Zip Cod	e
	brian.miller@alphaone.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
<u></u>	· · · · · · · · · · · · · · · · · · ·	at (	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



2001/10/12 1/18:09

## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2021

BRIAN E. MILLER 4098 SCARLET IRIS PLACE WINTER PARK, FL 32792 US

SUBJECT: ALPHA 1 ENTERPRISES, INC.

Ref. Number: P21000063247

We have received your document for ALPHA 1 ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

رنبعہ

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000056324.

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) 245-6823.

Annette Ramsey OPS

Letter Number: 921A00026667

### Articles of Amendment to Articles of Incorporation

FILED 2021 NOV 12 AM 10: 34

Alpha I Enterprises, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P21000063247 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The Alpha One Shaving Company name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: \_ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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 = 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 Doe	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			 
Add			
Remove	-		· 
2) Change			 
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			 
Add			
Remove			
5) Change		_	 
Add			
Remove			
6) Change		_	 
Add			
Remove			

	ng additional Art vets, if necessary).	(ne specyte)				
			<u>_</u>		<del> </del>	
	_ <u></u>					
			•			
						_
<del>,</del>						
<del></del>				<del></del>	·	
<del></del>						
				<del></del>		
·						
		<del></del>				
<del></del>						
an amendment pr	ovides for an excl	hange, reclassifi	cation, or cancella	ation of issued sl	<u>iares.</u>	
rovisions for imple	ementing the ame	hange, reclassific	cation, or cancells ontained in the ar	ation of issued sl nendment itself:	<u>rares.</u>	
an amendment pr rovisions for imple (if not applicabl	ementing the ame	hange, reclassifi endment if not co	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	nares.	
rovisions for imple	ementing the ame	hange, reclassifi endment if not co	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	nares.	
rovisions for imple	ementing the ame	hange, reclassifi andment if not co	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares,	
rovisions for imple	ementing the ame	hange, reclassification	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares.	
rovisions for imple	ementing the ame	hange, reclassifi endment if not c	eation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares,	
rovisions for imple	ementing the ame	hange, reclassifi endment if not c	eation, or cancell ontained in the ar	ation of issued sl nendment itself:	nares.	
rovisions for imple	ementing the ame	hange, reclassifi endment if not c	eation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares.	
rovisions for imple	ementing the ame	hange, reclassifi endment if not c	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares.	
rovisions for imple	ementing the ame	hange, reclassifi endment if not c	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares.	
rovisions for imple	ementing the ame	hange, reclassifi endment if not c	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares.	
rovisions for imple	ementing the ame	hange, reclassifi endment if not c	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares,	
an amendment pr rovisions for imple (if not applicabl	ementing the ame	hange, reclassifiendment if not c	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares,	
rovisions for imple	ementing the ame	hange, reclassifi endment if not c	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares,	
rovisions for imple	ementing the ame	hange, reclassifi	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares,	
rovisions for imple	ementing the ame	hange, reclassifiendment if not c	cation, or cancell ontained in the ar	ation of issued sl nendment itself:	hares,	

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Éffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	ited by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number of votes east for the amen- ficient for approval.	dment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment(s	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
November 8.	2021	
Dated		
Signature 1		
(By a dir	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or oth	
appointe	d fiduciary by that fiduciary)	
H	rian E. Miller	
<del>-</del>	(Typed or printed name of person signing)	
P	resident	
_	(Title of person signing)	