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(((H21000285513 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JTAX CORP Account Number : 120200000009

Phone : (954)544-1000 Fax Number : (954)678-4500

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

Email Address:

HELLO@JTAXCORP.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALPHA CARPENTERS INC

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Help



July 28, 2021

From: Jtax Corp

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALPHA CARPENTERS INC 14951 WALDEN SPRING WAY 230 JACKSONVILLE, FL 32258

SUBJECT: ALPHA CARPENTERS INC

REF: P21000066661

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6051.

Stacy Prather Regulatory Specialist III FAX Aud. #: H21000285513 Letter Number: 221A00017609

21 JUL 2

To:

Articles of Amendment to Articles of Incorporation of

ALPHA CARPENTERS INC	رُون پايدن
(Name of Corporation as currently filed with the Florida Dept. of State) P21000066661	Ç
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendme
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	_The new on "Corp.," n the word
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: Florida	
(City), Florida	ode)
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) (c), F.S.	

From: Jtax Corp

Fax: 19546784500

To:

Fax: (850) 617-6380

Page: 4 of 6

07/29/2021 10:30 AM

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) x Change	P	ALTAIR ZMIESKI	14951 WALDEN SPRING WAY 2
Add			JACKSONVILLE, FL 32258
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

To:

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f an amendment pr	ovides for an exchan	ge, reclassificatio	n, or cancellation	of issued shares.	
<u>provisions for impl</u>	ementing the amend	ment if not contai	ned in the amend	ment itself:	
(ң посаррисаві	le, indicate N/A)				
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From: Jtax Corp Fax: 19546784500

To:

Fax: (850) 617-6380 Page: 6 of 6 07/29/2021 10:30 AM

The date of each amendment(s) adoption:	, if othe	er than	the
date this document was signed.			
Effective date if applicable:		_	
Effective date if applicable: (no more than 90 days after amendment file date)		_	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be lis	sted as	the
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d sharehold	ler	
☐ 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	TALLAI	2021 JUL 29	
by ."	A Har		٠,
by" (voting group)	SSE	29	•
	ئىر ⁷	E	
07/27/2021 Dated	r ¹ .0 #8 ± 1	7.5 7.5	
O Comment of the comm	73 2 90 p		
Signature	7		
(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)	—		
NIRVANDO BATISTA			
(Typed or printed name of person signing)		_	
REGISTERED AGENT			
(Title of person signing)			