

P22 0000 33751

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 : AP BUSINESS SERVICES LLC
Account Number : 120240000142
Phone : (407) 437-7119
Fax Number : (407) 386-7285

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

Email Address: _____

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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2024 NOV -4 PM 5:56

COR AMND/RESTATE/CORRECT OR O/D RESIGN
ALPHA TRUST INGENUITY INC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00



October 28, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALPHA TRUST INGENUITY INC
4206 EASTGATE DR
1238
ORLANDO, FL 32839

SUBJECT: ALPHA TRUST INGENUITY INC
REF: P22000033751

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.

The registered agent must sign accepting the designation.

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) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: H24000342272
Letter Number: 424A00023750

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H24000342272 3

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALPHA TRUST INGENUITY INCDOCUMENT NUMBER: P22000033751The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARIANA GLODE

Name of Contact Person

AF BUSINESS SERVICES LLC

Firm/ Company

10135 HARTFORD MAROON RD

Address

ORLANDO, FL 32827

City/ State and Zip Code

INFO@AFBUSINESSSERVICES.COM

E-mail address: (to be used for future annual report notification)

CLERK OF COURT
TALLAHASSEE, FL

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For further information concerning this matter, please call:

ARIANA GLODEat (4074377119)

Name of Contact Person

Area Code & Daytime Telephone Number

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

☒ \$35 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

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

H24000342272 3

H24000342272 3

Articles of Amendment
to
Articles of Incorporation
of

ALPHA TRUST INGENUITY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000033751

(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 new 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 ARIANA GLODE
10135 HARTFORD MAROON RD
(Florida street address)

New Registered Office Address: ORLANDO, Florida 32827
(City) (Zip Code)

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.

H24000342272 3

H24000342272 3

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change	<u>P</u>	<u>ALFREDO LOMELLI</u>	<u>4206 EASTGATE DR APT 1238</u>
☐ Add			<u>ORLANDO, FL 32839</u>
☒ Remove			
2) ☐ Change	<u>P</u>	<u>CAROLINA LOMELLI</u>	<u>1908 W SOCRUM LOOP RD</u>
☒ Add			<u>LAKELAND, FL 33810</u>
☐ Remove			
3) ☐ Change	<u>VP</u>	<u>ARIANA GLODE</u>	<u>10135 HARTFORD MAROON RD</u>
☒ Add			<u>ORLANDO, FL 32827</u>
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

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H24000342272 3

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

N/A

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CLERK OF STATE
TALLAHASSEE, FL

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

H24000342272 3

The date of each amendment(s) adoption: _____, if other than the date this document was signed. H24000342272 3

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 will not be listed as the document's effective date on the Department of State's records.

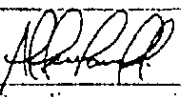
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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

by _____
(voting group)

Dated 10/11/2024

Signature 
 (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)

ALFREDO LOMELLI

 (Typed or printed name of person signing)

PRESIDENT

 (Title of person signing)

STATE OF FLORIDA
TALLAHASSEE, FL

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