

L130000011041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

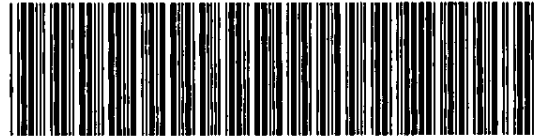
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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EFFECTIVE DATE

11/01/14

OCT 29 2014

D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Alpha Alliance LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Audrey Presson**  
Name of Person

**Alpha Alliance LLC**  
Firm/Company

**5105 Presidential Street**  
Address

**Seffner FL 33584**  
City/State and Zip Code

**audrey@alphaalliance.net**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Audrey Presson** at **813 404-0352**  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Alpha Alliance LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/15/2014 and assigned Florida document number L13000011041

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

EFFECTIVE DATE 11/01/14

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peter Kopecky	5105 Presidential Street	<input type="checkbox"/> Add
		Seffner FL 33584	<input checked="" type="checkbox"/> Remove
AMBR	Peter Kopecky	5105 Presidential Street	<input type="checkbox"/> Add
		Seffner FL 33582	<input checked="" type="checkbox"/> Remove
MGR	Audrey Presson	5105 Presidential Street	<input checked="" type="checkbox"/> Add
		Seffner FL 33584	<input type="checkbox"/> Remove
AMBR	Audrey Presson	5105 Presidential Street	<input checked="" type="checkbox"/> Add
		Swffner FL 33584	<input type="checkbox"/> Remove
	w/A		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
	w/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 PALM BEACH COUNTY, FLORIDA

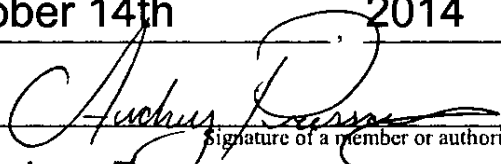
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: November 1st 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 14th, 2014



Signature of a member or authorized representative of a member

Audrey Presson

Typed or printed name of signee

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Filing Fee: \$25.00

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