

L15000126621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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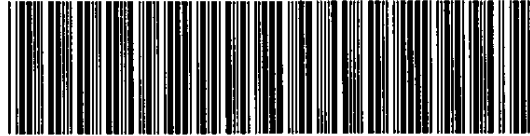
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 29 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALPHA CAR STYLIST, 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:

JAMES BARNETT

Name of Person

Firm/Company

1314 East Las Olas Boulevard, Suite 500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

jd@jdcan.com

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

For further information concerning this matter, please call:

JAMES BARNETT

954

895-6266

at ()

Name of Person

Area Code

Daytime Telephone Number

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 CAR STYLIST, 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 07/24/2015 and assigned
Florida document number L15000126621.

This amendment is submitted to amend the following:

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

ALPHA AUTOBREED LLC

The new name must be distinguishable and contain 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)

1314 East Las Olas Boulevard, Suite 500

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1314 East Las Olas Boulevard, Suite 500

Fort Lauderdale, FL 33301

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:

MAXIMUS MOSES

New Registered Office Address:

1314 East Las Olas Boulevard, Suite 500

Enter Florida street address

Fort Lauderdale

Florida 33301

City

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.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	JAMES BARNETT	1314 East Las Olas Boulevard	<input checked="" type="checkbox"/> Add
		Suite 500, Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33301	<input type="checkbox"/> Change
MGR	JAMES BARNETT	1314 East Las Olas Boulevard	<input checked="" type="checkbox"/> Add
		Suite 500, Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33301	<input type="checkbox"/> Change
AMBR	MAXIMUS MOSES	1314 East Las Olas Boulevard	<input checked="" type="checkbox"/> Add
		Suite 500, Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33301	<input type="checkbox"/> Change
MGR	MAXIMUS MOSES	1314 East Las Olas Boulevard	<input checked="" type="checkbox"/> Add
		Suite 500, Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33301	<input type="checkbox"/> Change
AMBR	MUSTAFA MARZUK	10166 NE 12 AVE.	<input checked="" type="checkbox"/> Add
		MIAMI SHORES, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MUSTAFA MARZUK	10166 NE 12 AVE.	<input checked="" type="checkbox"/> Add
		MIAMI SHORES, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SEC. OF REVENUE
 STATE OF FLORIDA

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

(a) address of MGR Katrina Campins has changed to: 1314 East Las Olas Boulevard, Suite 500, Fort Lauderdale,

FL 33301

E. Effective date, if other than the date of filing: _____ (optional)

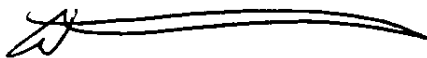
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 21, 2015



Signature of a member or authorized representative of a member

James Barnett

Typed or printed name of signee

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TALLAHASSEE FLORIDA