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Special Instructions to	Filing Officer:
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	JAN 10 2023
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Office Use Only



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## **COVER LETTER**

Division of Co	rporations		
ALPHA & SUBJECT:	OMEGA PARTNERSS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TONY J SCOTT		
		Name of Person	
	ALPHA & OMEGA PAR	TNERSS LLC	
		Firm/Company	
	728 MOSSYROCK AVE		
		Address	<del></del>
	WINTER GARDEN, FL 3	4787	
		City/State and Zip Code	
	RC193643@GMAIL.COM E-mail address: (	to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	-	
TONY J SCOTT		407 212-9707	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>		Street Address:	
Registration		Registration Sect	
Division of C	ornorations	Division of Corn	orations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMELIA. TO ARTICLES OF ORGANIZATION OF

### ALPHA & OMEGA PARTNERSS 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 Comp	oany were filed on 008/26/20	and assigned
Florida document number L15000146635		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
TONY J SCOTT LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designati	on "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records	, enter the name of the new registered
agent analyti the new registered office address here.		
Name of New Registered Agent:		
· · · · · · · · · · · · · · · · · · ·	•	
New Registered Office Address:	Enter Florida stre	et address
	20000 2 000 000 000	
	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.

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>	Address	Type of Action
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			☐ Change
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fan effective da <u>Note:</u> If the d	e, if other than the are is listed, the date mu- are inserted in this b Tective date on the I	ust be specific an block does not (	nd cannot be price meet the appli	or to date of filing icable statutory	; or more than 90 o	days after filing.) I	
record specif d is filed.	ies a delayed effecti	ve date, but no	ot an effective	time, at 12:01 a	a.m. on the earli	fer of: (b) The	90th day after the
Dated	MBER 11	/ DN111	2023				
			7. J. W.	horzer represent		_	·
		Signature of a	injeniter of ant	no y ch i presen	tative of a membe	ः ।	

Filing Fee: \$25.00