(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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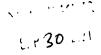
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co	rporations		
eun in en	ALPHA L	AW GROUP, LLC.		
SUBJECT:		Name of Lin	nited Liability Company	<del></del>
The enclosed	i Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Chase Engelbrecht		
			Name of Person	<del></del>
		ALPHA LAW GROUP		
			Firm/Company	
		5771 Beneva Rd		
		<del></del>	Address	<del></del>
		Sarasota FL 34233		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		chase@alphagroup.law		
		E-mail address; (	to be used for future annual report not	fication)
For further in	iformation c	oncerning this matter, please c	all:	
Chase Engell	brecht		941 587 7193 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>≘ \$</b> 25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address:	
_	gistration S	orporations	Registration Se Division of Cor	
	Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHA LAW GROUP, 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 5/04/2021 and assigned Florida document number L21000208751 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ALPHA LAW GROUP, PLLC. 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) 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 Florida\_

## 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.

City

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

Title	Name	<u>Address</u>	Type of Action
			□Add
			□ Remove
			□ Change
		<del></del>	Cl Add
			Remove
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			Change
			□Add
			Remove
			Change

_	he reasoning for amending the name is because it is a law firm, therefore a Professional limited liabilty company.
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<u>ote:</u> [	re date, if other than the date of filing:
record is file	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 d.
sted_	September 28 2021
	01 6 11
	our chillians

Filing Fee: \$25.00