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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
ALPHA BI SU BJEC T:	EARAS GROUP LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANICA BEARA		
		Name of Person	
	ALPHA BEARAS GROU	P LLC	
		Firm/Company	·
	7418 GREEN TREE DR		
		Address	-
	ORLANDO, FL 32819		-
		City/State and Zip Code	· .
	ALPHABEARAS@GMAII	L.COM to be used for future annual report notifi	cation)
Can fact the information	concerning this matter, please of		,
	-		
ALEXANDER BEARA RODRIGUES		at ()	
Name (of Person	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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHA BEARAS GROUP LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	ı
The Articles of Organization for this Limited Liability Comparing document number 1.23000042753	any were filed on JANUARY 23. 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	ù	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Truming water 155 July 1 DE 114 OO 1 O 1 1 1 OE DOING		
B. If amending the registered agent and/or registered offi	ice address on our records, <u>enter th</u>	ne name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
	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 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
MGR	ANICA BEARA	7418 GREEN TREE DR	= Add
		ORLANDO, FL 32819	Remove
			□Change
			□Add
		<u> </u>	Remove
			⊡Change
		-	
			Remove
			Change
			Remove
			□ Change
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ffective date, if other an effective date is listed, the ote: If the date inserted ocument's effective date	he date must be specific I in this block does no	and cannot be prior of meet the applic	to date of filing or make able statutory filing	(option ore than 90 days after for grequirements, this	iling.) Pursuant to 605.0	0207 d as
record specifies a delaye is filed.	ed effective date, but t	not an effective ti	me, at 12:01 a.m. (on the earlier of: (b)	The 90th day after	the
ated		-,				
	· ·					
	Signature o	a member or auth	orized representative	of a member		

Filing Fee: \$25.00