

L23000482831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

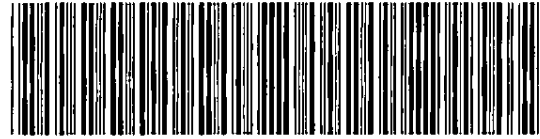
(Document Number)

Certified Copies _____

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STATE
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PH 12:42

RECEIVED
2024 JAN -3 AM 11:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

R. HUNT
01/03/24



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
 From: Eyliena Baker
 Ext: 61594
 Date: 01/03/24
 Order #: 1382096-1
 Re: Alpha Auto Collection LLC
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$55.00 - FL State Account Number:
 120000000195 Authorization:

Eyliena Baker

Please take the following action:
 File in your office on basis
 Issue Proof of Filing
 Issue Certified Copy.

Special Instructions:

STATE OF FLORIDA
 TALLAHASSEE, FL
 JAN 3 12:42 PM '24

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Auto Collection 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:

Philip L. Logas, Esq.

Name of Person

Philip L. Logas, P.A.

Firm/Company

1525 International Parkway, Suite 4021

Address

Lake Mary, Florida 32746

City/State and Zip Code

plogas@logaslaw.com

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

STATE OF FLORIDA
JAN 3 3 42 PM 12:42
10

For further information concerning this matter, please call:

Philip L. Logas

407 849-1555

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 Address:

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

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

Alpha Auto Collection 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 October 23, 2023 and assigned Florida document number L23000482831.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2023 OCT 23 PM 12:42
STATE OF FLORIDA
SECRETARY OF STATE

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** _____

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>
MGR	Stephen Healy	1921 Maguire Road, Suite 104	<input checked="" type="checkbox"/> Add
		Windermere, Florida 32746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Tricia A. Downes	5925 Precision Drive #102	<input type="checkbox"/> Add
		Orlando, Florida 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tricia A. Downes	5925 Precision Drive #102	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2007
 1-3-07
 PM 12:42
 STATE
 FL

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

Multiple horizontal lines for amending information.


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JAN 12 12 42 PM '24
DEPARTMENT OF STATE
PENNSYLVANIA

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 January 2, 2024


Signature of a member or authorized representative of a member

Stephen Healy
Typed or printed name of signee