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COVER LETTER

TO: Registration So Division of Co			
engliszer. Alpha	Universal LLC		
SUBJECT:		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:	
	Richard Bucha		
		Name of Person	
	Alpha Universa		
		Firm/Company	
	8531 Greenwa	y Blvd, Apt 30	5
	Middleton, WI,	City/State and Zip Code	net
	E-mail address: (to be used for future annual re	port notification)
For further information of	concerning this matter, please ca	all:	
Richard Buch	nanan II	ar (815)	830-2082
	of Person	at (<u>815</u>) 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 enclo-	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
ман	ING ADDRESS:	STREET/0	COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpha Universal LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L17000058221}{L17000058221}$.	any were filed on $03/14/20$	17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A		
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:	N/A	
(Principal office address MUST BE A STREET ADDRESS	·)	
		₹;
Enter new mailing address, if applicable:	N/A	ζ.,
Mailing address MAY BE A POST OFFICE BOX)	.	
Training data (35 1771) 1912 (4 1 OST OT 1 ICE) 19071)		•,,
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, <u>enter the name of the ne</u>
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	
		orida
	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>	Address	Type of Action
MGR_	Richard Buchanan II	8531 Greenway Blvd, Apt 305	
		Middleton, WI, 53562	⊠ Remove
			Change
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			🗆 Change
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lote: If the date inserted in this block document's effective date on the Depart	pecific and cannot be prior to date of filing or more than 90 days a oes not meet the applicable statutory filing requirements, ment of State's records.	fter filing.) Pursuant to 605.0207 this date will not be listed as
e record specifies a delayed effe The 90th day after the record i	ective date, but not an effective time, at 12:0 is filed.	1 a.m. on the earlier of
Dated January 11	. 2018	
0/13/	المر يَكُ	ñ.a
Signa Signa	nture of a member or authorized representative of a member	
l		f .
Richard Buchan	Typed or printed name of signee	<u>-</u>
	Typed of printed name of signee	
	D 2.02	.
	Page 3 of 3	ር-ሳ ረታ

Filing Fee: \$25.00