

43000162286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

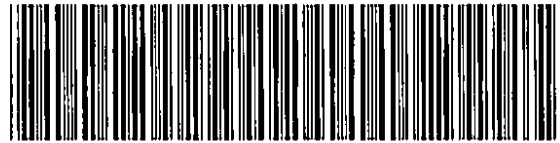
(Business Entity Name)

(Document Number)

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2018 SEP 10 PM 2:05
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
SEP 12 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALPHA BREED 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:

KRISTIJAN RADEVIC

Name of Person

ALPHA BREED LLC

Firm/Company

141 NE 3rd AVE SUITE 500

Address

MIAMI, FL 33132

City/State and Zip Code

LIFEFUSIONLLC@GMAIL.COM

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

For further information concerning this matter, please call:

KRISTIJAN RADEVIC

786 249-7655

at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 SEP 10 PM 2:55

FILED

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ALPHA BREED 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 SEPTEMBER 08, 2018 and assigned Florida document number L13000162286.

This amendment is submitted to amend the following:

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

ALPHA BREED LLC

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)

141 NE 3rd AVE

SUITE 500

MIAMI, FL 33132

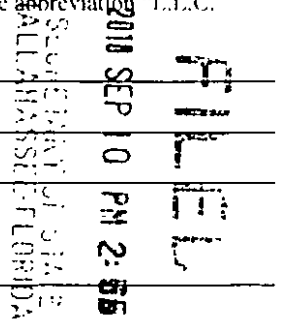
Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

141 NE 3rd AVE

SUITE 500

MIAMI, FL 33132



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:

KRISTIJAN RADEVIC

New Registered Office Address:

141 NE 3rd AVE SUITE 500

Enter Florida street address

MIAMI

City

Florida 33132

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	KRISTIJAN RADEVIC	141 NE 3rd AVE	<input checked="" type="checkbox"/> Add
		SUITE 500	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
MGRM	ANDREW GEMMELL	13917 SW 28 ST	<input type="checkbox"/> Add
		MIAMI FL 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
20 SEP 20 PM 2:56
SEAL OF THE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2018 SEP 10 PM 2:41
COUNTY OF CLAY
TALLAHASSEE FLORIDA


FILED
2018 SEP 10 PM 2:55
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

(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)

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.

SEPTEMBER 8TH 2018



Signature of a member or authorized representative of a member

Typed or printed name of signee