L04000065237

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor		• .		
	RATEGIC PLANNING, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Dan Curtis			
		Name of Person	.— <u></u>	
	ALPHA STRATEGIC PLA	ANNING, LLC		
		Firm/Company	2	
	1329 Reece Road		.020 D	-
		Address	EC 2	;;=
	Woodstock, GA 30188		2020 DEC 21 PM 1: 10 SECRETARY OF STATE SECRETARY SEE. FL	5
		City/State and Zip Code	SEE S	-
	dancurtis1945@gmail.com			
	E-mail address: (to be used for future annual report notif	ication) 177 O	
For further information c	oncerning this matter, please ca	all:		
Dan Curtis		850 654-7330		
Name o	f Person		e Telephone Number	
Enclosed is a check for the	ne 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)	2
Mailing Addres		Street Address:		
Registration S Division of C		Registration Sec Division of Con		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHA STRATEGIC PLANNING, LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L04000065237	Company were filed on 9/1/2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Affinity Advisory Services, LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
		020
Enter new mailing address, if applicable:	:	2
(Mailing address MAY BE A POST OFFICE BOX)		00 p M
Muning address MAT BE A FOST OF FICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	_ , Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the registered	complete performance of my duties, and I igent as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			
			□Remove
			Change
			🗆 Add
			☐ Remove
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		HASSEE, TL	Remove
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fective date, if other than the date of filing:			(optional)	
an effective date is listed, the date must be specific and cannot be priote: If the date inserted in this block does not meet the appl	ior to date of filing	or more than 90 da		
cument's effective date on the Department of State's record		6 • 1		
record specifies a delayed effective date, but not an effective is filed.	e time, at 12:01 a	a.m. on the earlie	rof:(b) The	: 90th day afte
ated 17/16/70	<u> </u>			
ated $\frac{17/16/20}{}$,				
			_ _	-,
Signature of a member or au	ithorized represent	tative of a member		
Signature of a member or au Dan Curtis	nthorized represent	ative of a member		