

L05000040214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

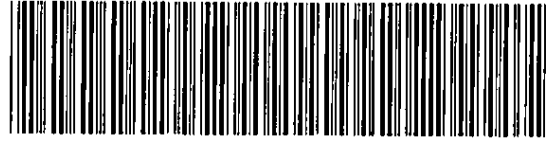
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

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CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 11/14/2023

Acc#120160000072

en: c DW

Name:	Alliance Solutions Group, LLC
Document #:	
Order #:	15222260

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alliance Solutions Group, 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:

deAnna Ezgar

Name of Person

Morrison & Foerster

Firm/Company

425 Market Street

Address

San Francisco 94105

City/State and Zip Code

dEzgar@mofo.com

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

For further information concerning this matter, please call:

deAnna Ezgar

617 648-4779
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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**

Alliance Solutions Group, 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 04/22/2005 and assigned
Florida document number L05000040214.

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)

73 Palm Avenue

Suite 205-207, 213

Sarasota, FL 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

73 Palm Avenue

Suite 205-207, 213

Sarasota, FL 34236

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TALLAHASSEE, FL

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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.

Candice Pignataro

If Changing Registered Agent, Signature of New Registered Agent

Candice Pignataro, Asst. Secretary
on behalf of C T Corporation System

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>
AMBR	Michael Griffith	73 Palm Avenue	<input type="checkbox"/> Add
		Suite 205-207, 213	<input type="checkbox"/> Remove
		Sarasota, FL 34236	<input checked="" type="checkbox"/> Change
AMBR	Jeffrey Totten	73 Palm Avenue	<input checked="" type="checkbox"/> Add
		Suite 205-207, 213	<input type="checkbox"/> Remove
		Sarasota, FL 34236	<input type="checkbox"/> Change
AMBR	Tucker Stein	73 Palm Avenue	<input checked="" type="checkbox"/> Add
		Suite 205-207, 213	<input type="checkbox"/> Remove
		Sarasota, FL 34236	<input type="checkbox"/> Change
AMBR	Bradley Wittwer	73 Palm Avenue	<input checked="" type="checkbox"/> Add
		Suite 205-207, 213	<input type="checkbox"/> Remove
		Sarasota, FL 34236	<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

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

The limited liability company is a Member manager limited liability company.

The Member is Pine Services Group, LLC.

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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 11/13/2023

Michael Griffith

Signature of a member or authorized representative of a member

Michael Griffith

Typed or printed name of signee

Filing Fee: \$25.00