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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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COVER LETTER

TO:

	egistration Se ivision of Cor			
CHDICCT		ADVISORS LLC		•
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	indence concerning this matter	to the following:	
		PAUL J. HERSHISER		
			Name of Person	
		ALPHAQ ADVISORS LL	С	
			Firm/Company	
		976 LAKE BALDWIN LA	NE #201	
		 	Address	
		ORLANDO, FL 32814		
			City/State and Zip Code	
		JHERSHISER@ALPHAQA	ADVISORS.COM to be used for future annual report notificati	
For further	information e	oncerning this matter, please co	·	(OII)
PAUL J. H	IERSHISER		407 420-1421	
	Name o	f Person		lephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Lailing Addres</u> egistration S		Street Address: Registration Sectio	n
. D	ivision of C	Corporations	Division of Corpor	ations
	O. Box 632		The Centre of Talla	
L	allahassee, l	「L J4J14	2415 N. Monroe St	acci, sunc ott

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHAQ ADVISORS LLC

(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appea Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liab Florida document number <u>L06000051117</u>		were filed on M	AY 17, 2006	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liab</u>	ility company h	ere:	
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the	designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	976 LAKE BA	LDWIN LANE	
(Principal office address MUST BE A STREET		SUITE 201		
		ORLANDO, F.	L 32814	
Enter new mailing address, if applicable:		976 LAKE BA	LDWIN LANE	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	SUITE 201		
		ORLANDO, FL 32814		
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	here:	LDWIN LANE #		ne of the new registered
	ORLANDO	13.11.1.7.10	_	2814
		Cüy	, Florida <u>3</u>	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registabeing filed to merely reflect a change in the recompany has been notified in writing of this change in the change in writing of this change in the change in writing of this change in the change	and complete ered agent as p gistered office	performance o provided for in	f my duties, and I am Chapter 605, F.S. Or	familiar with and r. 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARC ANGLE	976 LAKE BALDWIN LANE	= Add
		SUITE 201	□Remove
		ORLANDO, FL 32814	
MGR	STACEY COLE	976 LAKE BALDWIN LANE	■Add
		SUITE 201	
		ORLANDO, FL 32814	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
···-			
			□Remove
			□Change
			□Add
			□ Remove
			□Change

					
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the	applicable statutor	ng or more than 90 da ry filing requiremen	(optional) ys after filing.) Pursua nts, this date will no	nt to 605.020 t be listed a
record specifies a delayed effective is filed.	date, but not an effec	ctive time, at 12:0	l a.m. on the earlie	r of: (b) The 90th (day after the
AUGUST 16	2022				
aled					
Pus (L/ OY. 1	<i>4</i> .			
- Parl	Signature of a member of	or authorized represe	entative of a member		

Filing Fee: \$25.00

L22000188753

(Ke	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
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TO:

Registration Section

Division of Cor	porations		
The Bowlin	ng Alliance LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kirk Bowling		
		Name of Person	
	The Bowling Alliance		
		Firm/Company	
	310 Almond Street #314		
		Address	
	Clermont, Fl 34711		
	de la collina di Caran II	City/State and Zip Code	
	thebowlingalliance@gmail. E-mail address: (com to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
Kirk Bowling		754 204-6000	
Name o	f Person		me Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration S	cetion
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Bowling Alliance LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on or Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	were filed on April 202	and assigned
Torida document number L22000188753		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	·	
3. If amending the registered agent and/or registered office :	addense on any eagand	s anton the name of the name receives
gent and/or the new registered affice address here:	address on our record	s, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
		, Florida Zip Code
	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 anfending 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	Kirk Bowling	13327 Blossom Valley Drive, Clermont, FL 34711	□ Add
		 	🗆 Remove
		·-	■Change
MGR	Phillipa Bowling	13327 Blossom Valley Drive, Clermont, FL 34711	□Add
			□Remove
			⊟ Change
			□ Remove
			□Change
			□Add
			Remove
			□Change
		<u> </u>	EiAdd
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

					
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ective date, if other than	he date of filing	g:		(optional)	
reffective date is listed, the date te: If the date inserted in thi	must be specific and	l cannot be prior to da	e of filing or more than	90 days after filing.) Pursua	
cument's effective date on th			, , ,		
cord specifies a delayed effe s tiled.	ctive date, but not	an effective time,	it 12:01 a.m. on the	earlier of: (b) The 90th o	lay after the
ted August 15	4	2022			
		· ·			
1		-			
-/	Signature of a i	member or authorized	representative of a mo	mber	

Filing Fee: \$25.00

Typed or printed name of signee