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SECRETARY OF STATE
TAULAHASSEE, FLORIO

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AIPHA OMEGA INSURANCE 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:
Elizabeth Rodriguez (Name of Person)
ALPHA OMEGA THSURANCE GROUP, LLC (Firm/Company)
4115 W Waters Ave. (Address)
Tampa, FLORIDA 33614 (City/State and Zip Code)
For further information concerning this matter, please call:
Elizabeth Rodrig vez at (813) 882.0700 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 OMEGA INSURANCE GROUP, LCC.		
	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on 82406 and assigned document number LO6000053626.		
SECOND	: This amendment is submitted to amend the following:		
	Add Manager/Member whose name is : Ricardo		
	Add Manager/Member whos in me is: Ricardo Ballestens. DOB. 10/08/1973; Address 30401		
	Princess Bay Dr. Wesley Chapel, FC. 33544 US	<u>. </u>	
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Dated <u>0</u>	08/31/2006	23	لسيها
	Hombeth Bodriques		
	Agnature of a member or authorized representative of a member		
	Elizabeth Rodriguez	_	
	Lyned or printed name of signee		

Filing Fee: \$25.00