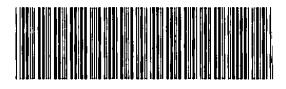
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## **COVER LETTER**

Division of Co	rporations	•	
SUBJECT:	2511 20	4C	, 
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
•	Eveli	Name of Person	
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	PO Bo	x 22782	
		Address	
	ST. Per	CRSBURS FL 3 City/State and Zip Code	33742
	E-mail address: (1	OUTIONK, COH to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Evelina	V. VASSILEV	at (727) 48/.  Area Code Daytime	-9616
Name	of Person	Area Code Dayume	: Telephone Number
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 enclose
MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:

TÓ:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

0	FILED
2511 ZLC	į.
(Name of the Limited Liability Compar	ny as it now (1990) of Sur Acords 3
The Articles of Organization for this Limited Liability Company	SECRETARY DE STATE
The Articles of Organization for this Limited Liability Company	were more
Florida document number <u>L060000867</u> 17	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 22782
William duriess MAY BEAT TOO. OF THE BOY	DO BOX 22782 ST. PETERSBURG, FL 33
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter the n</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

## 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address, I hereby confirm that the limited I company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registere

Zip

City

AMBR = A	uthorized Member	
<u>Title</u>	<u>Name</u>	Address 2
MGR	ALPHA LLC	POBOX 22782 ST. PETERSBURG, FL 3374
	•	
MGR	Evelipa V. VASSilev	2034 Parglewood DR ME ST. PETERSBURG, FL 33702;
AMBR	EVELTINA V. VASSILEV	POBOX 22782 ST. PETERSBURG, FL 33742
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		Chi

or removed from our records:

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Page 3 of 3

Filing Fee: \$25.00