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COVER LETTER

Division of Co		. ,	•		
SUBJECT: ALPHA M	EDIA AND PUBLISHING - A	AM & P. LLC	•	b	
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
	Alan McBrearty			_	
		Name of Person	,,,,	_	
	FOCUSED HEDGING SE	PECIALISTS - FHS, INC.			
		Firm/Company		2022 SE TAL	
	1000 West McNab Road.	Suite 183		ZDZZ JUL - I SECRETARY TALLAHASS	1
	****	Address	11.36.70	 ASSE	
	Pompano Beach, FL 3306	9		ANII OF 3:	
		City/State and Zip Code			C
	amcbrearty@focusedhedgin E-mail address: (ngspecialists.com to be used for future annual report not	ification)	<u> </u>	
For further information of	concerning this matter, please c	·			
Alan McBrearty		at (_954) _782-2300			
Name o	f Person		ne Telephone Numbe	er	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
Mailing Address Registration		Street Address: Registration Se	ction		
Division of C	Corporations	Division of Cor	rporations		
P.O. Box 632	27	The Centre of T	lallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHA MEDIA AND PUBLISHING - AM & P, LLC

company has been notified in writing of this change.

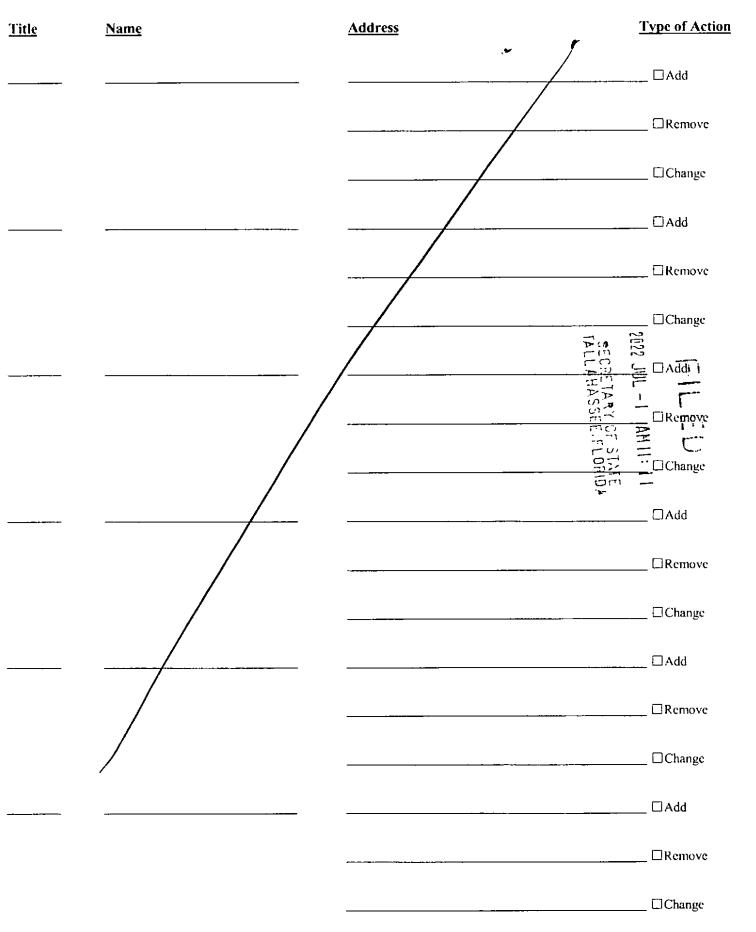
(A Florida Limi	ited Liability Company)	±/
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/21/2007	and assigned
Florida document number L07000117035		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Alpha WorldWide, LLC		
The new name must be distinguishable and contain the words "Limited I	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 ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ETARY O STATE ASSEE FLORIDA
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	City	Zip Code

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

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



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fective date, if other than the date of filing: June 1, 2022	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 60: filing requirements, this date will not be list	5.0207 (3) ted as the
eument's effective date on the Department of State's records.		
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	r the
is filed.		
ated June 27		
Ma holly		

Filing Fee: \$25.00