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(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:





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COVER LETTER

TO: Registration Se Division of Cor					
ALPS SOU	JTH, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	-			
	MERRITT A. GARDNER				
		Name of Person			
	GARDNER LAW FIRM				
		Firm/Company			
5415 MARINER STREET, SUITE 200					
		Address	 -		
	TAMPA, FLORIDA 3360	9			
	MGARDNER@MAGARD	City/State and Zip Code			
		to be used for future annual report no	uitication)		
For further information c	oncerning this matter, please ca	all:			
MERRITT A. GARDNE	ER.	813 288-9600			
Name o	t Person	at ()	me Telephone Number	9 3 1 - L	
Enclosed is a check for the	ne following amount:				000 000 1000
■ \$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 radditional copy is enclosed)	AH H: 03	CRATIONS

MAILING ADDRESS: 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

ALPS SOUTH, LLC				
(Name of the Lim	ited Liability Compa- (A Florida Limited I	ny as it now appears on o liability Company)	ur records.)	
The Articles of Organization for this Limited I Florida document number 1.08000002966	Liability Company	were filed on JANUAI	RY 9, 2008 an	d assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designa	ion "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREA	ET ADDRESS)			
Enter new mailing address, if applicable:			···	
(Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and			records, enter the na	
registered agent and/or the new registered o	omce address nere	:		
Name of New Registered Agent:	MERRITT A. G	GARDNER		
New Registered Office Address:	5415 MARINEI	R STREET, SUITE 200		* C.
		Enter Florida stre	et address	<u> </u>
	TAMPA		Elorida 33609	

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.

City

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
		<u></u>	
			□ Remove
			Change
			Add
			Remove
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an effe <u>(ote:</u>	re date, if other than the date of filing: ctive 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 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.	17 (s ti
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
ated_	May 30 . 2019.	
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	1) # #	

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Typed or printed name of signee

Filing Fee: \$25.00