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•	(Requestor's Name)			
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	(City/State/Zip/Phone #)			
PICK-UI	P WAIT MAIL			
_	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	s to Filing Officer:			
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SECRETARY OF STATE
ALLAHASSEE, FINABLE

COVER LETTER TO: **Registration Section Division of Corporations** ALPHA COM, 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: W. Steve Rector
(Name of Person) ALPHA COM, LLC 442 W. Kennedy Blvd., Suite 220
(Addross) Tampa, FL 33606
(City/State and Zip Code) For further information concerning this matter, please call: (Name of Person) at (8/3) 254-2200, ext. 18 Enclosed is a check for the following amount: \$25.00 Filing Fee \$55.00 Filing Fee & \$60.00 Filing Fee, \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

(Name of the Limited Lia (A Flo	ibility Company as it now appear orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi Florida document number <u> </u>		3/5/08	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company her	re:	
The new name must be distinguishable and end with th 'L.L.C."	ne words "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
B. If amending the registered agent and/or	registered office address on	our records, enter	the name of the new
registered agent and/or the new registered office	<u>e address nere</u> :	HASSER	MAR 9
Name of New Registered Agent:		OF STAT	T T
New Registered Office Address:	(Enter Florida street addiess), Florida		
<u>-</u>			
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:		

N

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action Address Title Name MGMR Stephen Froelicher Remove Add Remove \square Add Remove ∏Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)) Signature of a member or authorized representative of a member Steve Rector Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00