## 10900004313

(Requestor's Name)				
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☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
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08/25/09--01021--004 \*\*25.00



C. LEWIS

AUG 2 6 2009

EXAMINER

## **COVER LETTER**

2 22			
SUBJECT:		Solutions, LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		David Middlebrooks	
		Name of Person	
	Alp	oha Six Solutions, LLC	
		Firm/Company	
	4	33 Harrison Avenue	
		Address	
	Pan	ama City, Florida 32401	
		City/State and Zip Code	
		fl@alphasixsolutions.com to be used for future annual report notifical	tion)
For further information	concerning this matter, please c	-	,
Ar	nn Amicarelle	at ( <u>850</u> ) 76	69-8184
Name	of Person	Arca Code & Daytime T	'elephone 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 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**

FILED

2009 AUG 25 AM 11: 44

Alpi	ha Six Solutions, LLC		ETARY OF STATE	
( <u>Name of the Limited Lia</u> (A Flo	ha Six Solutions, LLC ability Company as it now appears orida Limited Liability Company)	on our records but TALLA	HASSEE, FLURIDA	
The Articles of Organization for this Limited Liabi	lity Company were filed on	1/14/2009	and assigned	
Florida document numberL090000431	3			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here	:		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compar	y," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:	a.		
(Principal office address MUST BE A STREET A	(DDRESS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
	<del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Fut	er Florida street add	drace	
-	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Reg	·		•	

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Mary K Sittman	516 Bunkers Cove Road Panama City, Florida 32401	Add  ✓ Remove
MGRM_	David Middlebrooks	433 Harrison Avenue Panama City, Florida 32401	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
		change(s) here: (Attach additional sheets, if necessary	ary.)
	e corrected to MGRM.		
Dated	August 24	2009  Manual Man	ZIUI AUG 25 SECRE ARTY TALLAHASS
		David Middlebrooks	
		Page 2 of 2	AMII: 44  OF STATE  FLORID
		Filing Fee: \$25.00	