

L09000084186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

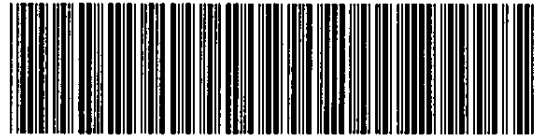
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

SEP 29 2009

EXAMINER



ROBERT B. BENNETT
WARREN K. SPONSLER
GWEN G. JACOBS
DAVID W. ADAMS

JOHN F. WENDEL
OF COUNSEL

KERRY J. ANDERSON
OF COUNSEL

JAN S. STOUT
ADMINISTRATOR

LISA S. DELVECCHIO
BRIAN R. EVANS
KAREN E. FERGUSON
KATHERINE M. GAVAGAN
ZACHARY J. GLASER
PATRICIA D. HAMILTON
KEVIN M. HAMMER
LISA GRIFFIN HODGDON
JEREMY J. JACOBS
VANESSA J. JOHNSON
JANELLE G. KOREN
SAMANTHA P. LECLAIRE
MORGAN P. LYNCH
KIMBERLY ISNER MONTICELLO

September 24, 2009

Via Federal Express

Florida Department of State
Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Alpha Foundations, LLC – Articles of Amendment

Gentlemen:

Enclosed are the original and one copy of Articles of Amendment for Alpha Foundations, LLC. Our check in the amount of \$55 is included to cover the cost of the filing fee and a certified copy.

Should you need any additional information to effectuate this filing, please contact my office. Thank you for your assistance and cooperation.

Very truly yours,

Lisa S. DelVecchio

/dl
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alpha Foundations, 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:

Lisa S. DelVecchio

Name of Person

Sponsler, Bennett, Jacobs & Adams, P.A.

Firm/Company

P. O. Box 3300

Address

Tampa, FL 33601-3300

City/State and Zip Code

ldelvecchio@sponslerbennett.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda D. Lee

Name of Person

at (813) 272-1400, Ext. 141

Area Code & Daytime 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 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

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

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

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TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

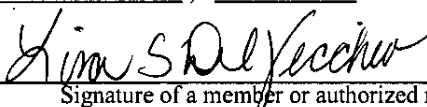
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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 23, 2009



Signature of a member or authorized representative of a member

Lisa S. DeVecchio

Typed or printed name of signee