L1000008436/

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10 NOV -2 AH -8: 80

SECRETARY OF STATE BIVISION OF CORPORATION

T. HAMPTON

NOV - 3 2010

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: AlPha Gold CC				
	Name of Limited Liability Company			
	·			
The enclosed Articles of Amendment and fee(s) are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
	B&to LeZama Group LLC Name of Person			
B&& LeZama Group LLC Name of Person D&& LeZama Group LCC Firm/Company				
10691 W. Kendull dr. Suite 203				
MIGMI FL 33176 City/State and Zip Code				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Julian Lezama at (301) 271-3663 Name of Person Area Code & Daytime Telephone Number				
rame of relation				
Enclosed is a check for the following amount:				
[X]\$25,00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	÷		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 NOV -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 11, 2010

JULIAN LEZAMA B&G LEZAMA GROUP LLC 10691 N KENDALL DR - STE 203 MIAMI, FL 33176

SUBJECT: ALPHA GOLD, LLC Ref. Number: L10000084361

We have received your document for ALPHA GOLD, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 910A00024017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

10 NOV -2 AM 6: 80

AlPha	Gold LC	C
(Name of the Limited Liability (A Florida L	Company as it now a imited Liability Comp	opears on our records.) any)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L 100000 843</u>	ompany were filed on	a <u>8/1//0</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability compan	y here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability C	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Putan nam mailing did not to the second of t		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
THE PROPERTY OF THE POST OF TH	***************************************	
B. If amending the registered agent and/or registered agent and/or the new registered office addr-	ered office address ess here:	on our records, enter the name of the new
Nome of New Designation of Asset		
Name of New Registered Agent:		
New Registered Office Address:	,	Enter Florida street address
	City	, Florida Zip Code
No. 10. 14. A Ch		— * ++*

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 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> Type of Action Name **Address** MER Yaisi Armas Remove Add Remove Remove Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated signature of a member or authorized representative of a member Arocha
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00