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SECRETARY OF STATE
DIVISION OF CORPORATION:

T. HAMPTON
SEP 14 2010
EXAMINER

COVER LETTER

TO: R	legistration Sec Division of Corp	tion porations		
SUBJECT	r:	Alpha Lu Name of Limit	CR LLC ted Liability Company	<u></u>
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspon	dence concerning this matter	to the following:	
		Robe	PRA LEWIN	
			Name of Person	
			Firm/Company	
			Bocat West Dr. Apr	1.325
		Boco k	City/State and Zip Code RLEVNNE 9M1 o be used for future annual report notifica	1
		E-mail address: (t	RLEUNNE 9M1/10 o be used for future annual report notifica	COM-
For further	r information co	ncerning this matter, please co	all:	
	Popert Name of	Levin	at (<u>212)</u> <u>866 – S</u> Area Code & Daytime 1	SSS Starbon Number
	Name of	reison	Alea Code & Daytime	е верноне Распосі
Enclosed i	is a check for the	e following amount:		
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

Alpha Luck L		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on ou d Liability Company)	<u>ır records.</u>)
The Articles of Organization for this Limited Liability Compa		Fa6,2010 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
The new name must be distinguishable and end with the words "L	Alph	a Luck, LLC
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		10 × SE
		SE IORE
		1748 OF C
Enter new mailing address, if applicable:		→ 20 × E
(Mailing address MAY BE A POST OFFICE BOX)		- S
		2 AA
		SHC
B. If amending the registered agent and/or registered registered agent and/or the new registered office address has been addressed.		cords, <u>enter the name of the ne</u>
The new registered white address.	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
		_, Florida
	City	Zip Code

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 = M MGRM =	anager Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
<u>-</u> -			SECRETARY OF VISION OF CORI
Dated	9/09/2010		FO Y OF STATE CORPORATIONS AMIL: 20
		TOUN or or authorized representative of a member Lobot Levil d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00