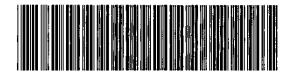
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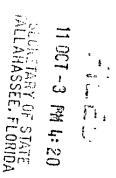
(Re	questor's Name)			
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D. BRUCE

OCT 4 2011

EXAMINER

COVER LETTER

TO: Registration Section

Division of Co	rporations					
SUBJECT:	ALPHA OMEG	A WHOLESALERS LLC	;			
	Name of Lin	nited Liability Company		•		
The enclosed Articles of	f Amendment and fee(s) are su	ubmitted for filing.				
Please return all corresp	ondence concerning this matte	er to the following:				
		ESPINA VALSAMIDES				
		Name of Person		_		
	ALPHA (OMEGA WHOLESALERS L	LC	_		
		Firm/Company				
	4879	WEST BREEZE CIRCLE				
		Address				
	PA	LM HARBOR ,FL 34683			2	
	<u></u>	City/State and Zip Code		_ ¥ë	<u></u>	a t
	G	RKELLY7@AOL.COM		3SE ASI	ယ်	Ē
		(to be used for future annual report notif	fication)	£ 25		FT.
For further information	concerning this matter, please	call:		STATE	ل : 2	(
	NA VALSAMIDES	at (_727_)	482-1517	Dina D	0	
Name o	of Person	Area Code & Daytim	ie Telephone Numb	er		
Enclosed is a check for t	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certific	filing Fee, cate of Stated Copy onal copy	atus &	losed)
Regist Divisi P.O. E	JING ADDRESS: ration Section on of Corporations Fox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle			

ARTÍCLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHA OMEGA W	HOLESALERS	S LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	<u>any as it now appear</u> Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on	05/19/2011	and assigned
Florida document number <u>L11000059039</u>			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lial</u>	bility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limit.L.C."	ited Liability Compa	ny," the designation "L	LC" or the abbreviati
Enter new principal offices address, if applicable:			1
Principal office address MUST BE A STREET ADDRESS)		```	
	2740 ALT 10h	77 77 77 77 77	R 2 IT.
Enter new mailing address, if applicable:		N STE 301-162≀∄ OR, FL 34683	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	PALIVITAND	OIX, 1 L 34003	
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the n
Name of New Registered Agent:			
New Registered Office Address:	Fni	er Florida street add	ress
	Lin		- +
	City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	THOMAS, NATHAN	4879 WEST BREEZE CIRCLE PALM HARBOR, FL 34683	Add Remove
<u>MGRM</u>	VALSMIDES, DESPINA	4879 WEST BREEZE CIRCLE PALM HARBOR, FL 34683	☐ Add ☑ Remove
MGRM	VALSAMIDES,DESPINA	4879 WEST BREEZE CIRCLE PALM HARBOR, FL 34683	
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	t e(s) here: (Attach additional sheets, if necessary	11 001 -3 PM 4
Dated	SEPT 29 , 20	011	4: 20 TATE
	ū	r or authorized representative of a member	
		Or printed name of signee	
	-76-	•	

Page 2 of 2

Filing Fee: \$25.00