## L11000122473

Office Use Only



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11/08/16--01002--022 \*\*25.00



D. BRUCE NOV 0 8 2016

		COVER LETTER		
TO: Registration Sec Division of Corp				
SUBJECT: Alp	ine Manageme Name of Limi	ent Group, LLC ted Liability Company	<del></del>	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	Jeffre	Spitzer Name of Person		
	Alpine M.	magement Group Hirm/Company	p, LLC	
	Po Bo	0× 970826  Address		
	Coconst C Spit	City/State and Zip Code  Zet 2 @ ao 1. com  o be used for future annual report notific	33097 (cation)	
For further information co	ncerning this matter, please ca	.954. /.91-	5551	
Name of	Person		Telephone Number	
Enclosed is a check for th	<b>C</b>		2016 SEC TALL	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Registra	NG ADDRESS: tion Section of Corporations	STREET/COURIE Registration Section Division of Corporat	۱. ۹	
P.O. Bo		Clifton Building 2661 Executive Cent	ter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpine Management	Group, LLC		
(Name of the Limited Liability Company (A Morida Limited Liability Company	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L//000/22473</u> .	ere filed on <u>/0 - 26 - 20</u>	11 and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	bbreviation "L.L.C.	,,,
Enter new principal offices address, if applicable:		<del>.</del>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:		SECEN N	
New Registered Office Address:	Enter Florida street address	NOV -	
	, Florida		m
New Registered Agent's Signature, if changing Registered Agent:	City	版 Code ORID	O
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I am	familiar with a	nd

If Changing Registered Agent, Signature of New Registered Agent

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.

	g Authorized Person(s) authorized to in 1 from our records:	ianage, <u>enter the title, name, and address of ea</u>	ch person being aude
MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeffrey Spitzer	PO Box 970826 Coconst Greek, FL 33	
		Coconst Greek, FL 33	097 Remove
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			□ Remove
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ii amont	ling any other information, enter change(s) here: (Attach additional sheets, if ne	icasai y.j	
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		<b>9</b> 11 <b>3</b>	
(If an effect Note: If	e date, if other than the date of filing:	otional) der filing.) Pursuant to 60: his date will not be list	5.0207 ( ted as t
	rd specifies a delayed effective date, but not an effective time, at 12:01 Oth day after the record is filed.	l a.m. on the earli	er of:
Dated	10-31-16		
	Signature of a member or authorized representative of a member		
	Tr Ven		
	Typed or printed name of signee		

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Filing Fee: \$25.00