12000088341

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



300237026393

300237026393 07/17/12-01020-002 **25.00

> 2012 JUL 17 AH 8 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

JUL 18 2012

July 16, 2012

Gene R Schriner

1975 South Club Drive

Wellington, Fl. 33414

To: Registration Section

Division of Corporations

Clifton Bldg

2661 Executive Center Circle

Tallahassee, Fl. 32301

Re: The Alpha Group USA LLC

Amendment to Articles of Organization

Member change; from Tim Gates to Ernest C Gates, Jr

SEE ATTACHED Division of Corporations Cover Letter and Forms

\$25.00 Cashier's Check Attached Payable to Florida Department of State

Gene R Schriner, MGRM

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: THE ALPHA GROUP USA 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: |
| GENE R. SCHRINER Name of Person |
| Name of Person |
| THE ALPHA GROUP USA LLC Firm/Company |
| _ |
| 1915 S. CLUB DRIVE |
| 111 F F |
| WELLINGTON, FL. 33414 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| GENE R. SCHRINER at (561) 644-3232 |
| Name of Person at (561) 644-3232 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified 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

| (Name of the Limited Liability Co. | mnany as it now annears on o | ur records |
|--|---|---|
| (<u>Name of the Limited Liability Cor</u> (A Florida Limit | ted Liability Company) | ar records. |
| The Articles of Organization for this Limited Liability Comp | pany were filed on July | 6, 2012 and assigned |
| Florida document number <u>L12000088341</u> | | • |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | 1/A |
| The new name must be distinguishable and end with the words "L.L.C." | Limited Liability Company," th | e designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 4 | 1 2 |
| (Principal office address MUST BE A STREET ADDRESS | | 25 B12 |
| | · , · · · · · · · · · · · · · · · · · · | AR E T |
| Enter new mailing address, if applicable: | | ARY OF |
| (Mailing address MAY BE A POST OFFICE BOX) | | Total Control Control |
| | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: | | cords, enter the name of the new |
| 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 = Manager

| MGRM = N | Managing Member | | |
|--------------|---|---|--|
| <u>Title</u> | Name | Address | Type of Action |
| : | TIM GATES | 1975 S. CLUB DR. WELLINGTON, FL. 33414 | Add Remove |
| MGR | ERNEST C. GATES, JR. | 1975 S. CLUB DR. WELLINGTON, FL. 33414 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, enter change | (s) here: (Attach additional sheets, if necessary.) | ZOIZ JUL 17 AM 8 34 Add CRETARY OF STATE ALL AHASSEE, FLORIO |
| Dated | Juy 16, 2013 Signature of a member of TENE R. Typed of | Dr authorized representative of a member CHRINER or printed name of signee | 7/16/12 |

Page 2 of 2

Filing Fee: \$25.00