

L130000011041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

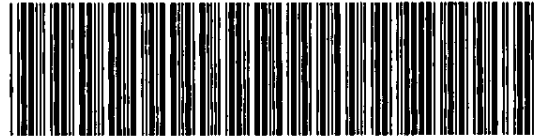
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE

11/01/14

OCT 29 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alpha Alliance 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:

Audrey Presson

Name of Person

Alpha Alliance LLC

Firm/Company

5105 Presidential Street

Address

Seffner FL 33584

City/State and Zip Code

audrey@alphaalliance.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audrey Presson

Name of Person

813 404-0352

at (Area Code)

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Alpha Alliance LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/15/2014 and assigned Florida document number L13000011041

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 605, 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

EFFECTIVE DATE 11/01/14

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TALLAHASSEE FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Peter Kopecky	5105 Presidential Street	<input type="checkbox"/> Add
		Seffner FL 33584	<input checked="" type="checkbox"/> Remove
AMBR	Peter Kopecky	5105 Presidential Street	<input type="checkbox"/> Add
		Seffner FL 33582	<input checked="" type="checkbox"/> Remove
MGR	Audrey Presson	5105 Presidential Street	<input checked="" type="checkbox"/> Add
		Seffner FL 33584	<input type="checkbox"/> Remove
AMBR	Audrey Presson	5105 Presidential Street	<input checked="" type="checkbox"/> Add
		Swffner FL 33584	<input type="checkbox"/> Remove
	w/A		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
	w/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

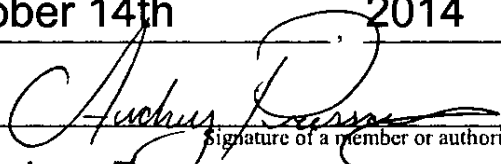
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 PALM BEACH COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: November 1st 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 14th, 2014



Signature of a member or authorized representative of a member

Audrey Presson

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA