

07/23/2014 14:07 FAX 9545252350

Tripp Scott

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Division of Corporations

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13000070246

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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Shaff

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: COV@TRIPPSCOTT.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHAFF MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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A. LUST

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Corporate Filing Menu

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Tripp Scott

0006/0006

850-617-6381

4/18/2014 3:59:36 PM PAGE 1/001 Fax Server

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April 18, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHAFF MANAGEMENT LLC
1582 NW 97 TERR
CORAL SPRINGS, FL 33071

SUBJECT: SHAFF MANAGEMENT LLC
REF: L13000070246

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H14000092080
Letter Number: 114A00008402

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000092080 3

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

H14000092080 3

SHAFF MANAGEMENT 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 May 14, 2013 and assigned
Florida document number L13000070246

This amendment is submitted to amend the following:

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

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

_____, 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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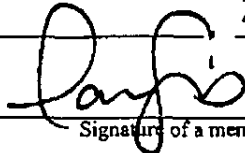
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (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 April 17 2014



Signature of a member or authorized representative of a member

Ian Lis, authorized representative

Typed or printed name of signee

2014 JUL 23 PM 12:17
FILED
CLERK OF DISTRICT COURT
FLORIDA