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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 15 PM 2:54

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AUG 19 2014

T CLINE

LAW OFFICES
Michael Lapat

3300 University Drive
Suite 311
Coral Springs, Florida 33065
(954) 345-6442
- (954) 344-0288 (Fax)

221 N. LaSalle Street
Suite 1137
Chicago, Illinois 60601
(312)641-3723
(312)425-2901 (Fax)

Please Reply to Florida Office

August 14, 2014

State of Florida - Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Amend the Articles of Organization of a Florida Limited Liability Company
Regulation s. 605.0202 Florida Statutes \$30.00 check

Dear Sir or Madam:

Please find enclosed herewith one Amend the Articles of Organization of a Florida Limited Liability Company in original duplicate in order to uniform Consent to Service of Process . Additionally accompanying these materials is a check in the sum of **\$30.00** representing this notice's filing fee.

Should you have any questions, please contact the undersigned.

Very truly yours,

Vanessa Puell

vp
enclosure

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CLERK OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FG Alpha Advisor, 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:

Michael Lapat

Name of Person

Law Office Of Michael Lapat

Firm/Company

3300 University Drive Suite 311

Address

Coral Springs FL 33065

City/State and Zip Code

vanessap@turnkeyhedgefunds.com

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

For further information concerning this matter, please call:

Vanessa Puell

Name of Person

954 3456642

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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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FG ALPHA ADVISOR, 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 05-30-2014 and assigned
Florida document number L14000087338.

This amendment is submitted to amend the following:

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

FG ALPHA ADVISORS, LLC

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

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)

**3300 UNIVERSITY DRIVE SUITE 311
CORAL SPRINGS FL 33065**

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.

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT
JULIA A. HARRIS, CLERK

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: _____ (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 August 14, 2014



Signature of a member or authorized representative of a member

Michael Lapat

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE FLORIDA