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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ALPHA ACQUSISTEONS LLC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Statement of Correction and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
JOE SHEMANSRY Name of Person		
ALPHA ACQUSISTIONS LLC		
334 W MONTROSE ST		
CLERMONT CL 34711 City/State and Zip Code JS 2 SELL Q YAHOO . com E-mail address: (to be used for future annual report notification)		
Chyrstate and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tue Shermarsicy at (407) 383-3876 Name of Person Area Code Daytime Telephone Number		
Name of Person Area Code Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
Lagrangian Status Stat		
CR21:062 (2/14)		

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

2015 MAR 18 PM 4: 16

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. ALPHA ACQUSISTIONS The name of the limited liability company is:____ FIRST: SECOND: THIRD: Document to be corrected is: ARTICISS OF ORGANIZATION FOR FLOYDA ILC **CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT X** Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: AGUSISTIONS WAS MISSPELLED WHEN ENTERING THE INFORMATION, PROPER SPECIAL SHOULD READ ALPHA ACQUISITIONS LLC <u>OR</u> П Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 3-16-2015 Signature of Authorized Representative Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)

CR2E062 (2/14)