

L15000135289

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA Group Investment, 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:

SORAYA BATISTUCCI
Name of Person
ALPHA Group Investment, LLC
Firm/Company
10190 BOCA ENTRADA # 301
Address
BOCA RATON FL 33428
City/State and Zip Code
SORAYA - FORTUNATO@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SORAYA BATISTUCCI at (561) 605 3746
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

ALPHA GROUP INVESTMENTS, 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 08/07/2015 and assigned Florida document number L15000135289

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

10190 BOCA ENTRADA BLVD
301 Boca Raton FL
33428

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10190 BOCA ENTRADA BLVD
301 Boca Raton FL
33428

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:

SORAYA BATISTUCCI

New Registered Office Address:

10190 BOCA RATON BLVD
Boca Raton, Florida 33428
Enter Florida street address
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.

x Soraya Batistucci

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Fei JO, Cleber	120 DIMAN Street	<input type="checkbox"/> Add
		folc River, WA 02721	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pracheal Consulting	1150 nw 45 st	<input type="checkbox"/> Add
		Pompano Beach FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SORAYA BATISTUCCI	10190 BOCA CENTRAL BLVD	<input checked="" type="checkbox"/> Add
		APT 301 BOCA RATON FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT 20 PM 12:16
Remove
Change
Add

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

15 OCT 20 PM12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/13/15, _____

Soreaya Batistucci
Signature of a member or authorized representative of a member

SORAYA BASTUCCI
Typed or printed name of signee