

L160000007990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

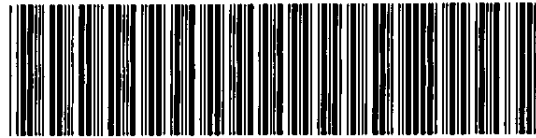
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000282199880

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 22 A 8:43

FILED

16 FEB 22 AM 11:10

RECEIVED
DEPARTMENT OF STATE

FEB 23 2016

3 MASON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 023878 4810371

AUTHORIZATION :

COST LIMIT :

\$ 25.00

ORDER DATE : February 19, 2016

ORDER TIME : 9:06 AM

ORDER NO. : 023878-005

CUSTOMER NO: 4810371

DOMESTIC AMENDMENT FILING

NAME: ALPHAV ADVISORS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: AlphaV Advisors LLC

SECOND: The Florida Document number of the limited liability company is: L16000007990

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the Limited Liability Company is: AlphaV Advisors LLC. There should be a space between "Alpha" and "V."

The correct name of the Limited Liability Company is: Alpha V Advisors LLC.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FILED
2016 FEB 22 A 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR

- ☐ The electronic transmission of the record was defective.

[Signature]
Signature of Authorized Representative

2/19/16
Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)