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## **COVER LETTER**

	Registration Sec Division of Corp				
SUBJEC	Alpha Data	& Marketing LLC			
DENGL	· · · · · · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company		
		Amendment and fee(s) are submodence concerning this matter	_		
		Anthony Tomasi			
			Name of Person		
		Alpha Data & Marketing L	LC		
			Firm/Company		7-9 3
		7640 NW 47th Ave	•		强曲工
			Address		FIRE PROPERTY OF THE PROPERTY
		Coconut Creek, FL 33073			3 3
			City/State and Zip Code		4
		atomasi@ajtmfinancialonlin E-mail address: (t	ie.com to be used for future annual report no	otification)	55 cm 00
For furth	er information co	oncerning this matter, please ca	•		
Anthony	Tomasi		561 506-7847		
	Name of	Person		me Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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 Data & Marketing LLC		orde )
(A Florida Limi	mpany as it now appears on our rec- ted Liability Company)	orus.
The Articles of Organization for this Limited Liability Compa	any were filed on January 20,201	6 and assigned
Florida document number L16000013886		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		FI B T
Enter new mailing address, if applicable:		in the second
(Mailing address MAY BE A POST OFFICE BOX)		
		ب ج
		<u>ू</u> न 8
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	iress
		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 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>	Type of Action
MGR	Kimberly Lynn Tomasi	7643 NW 47th Avenue Coconut Cr.	≥K FL-3307)
		Kimberly Faulkner	<b>■</b> Remove
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			□ Add
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Effective date, if other that if an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second secon	e must be specific nis block does n	and cannot be pa of meet the app	rior to date of filin	ng or more than 90 day y filing requiremen	/s after filing.) Pursu	ant to 605.0207 ot be listed as
ne record specifies a del The 90th day after the			not an effec	tive time, at 12	:01 a.m. on th	e earlier of
Dated		2016	<del>-</del>			
1/.	In 1	1	0 l	nn		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00