

L16000032639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

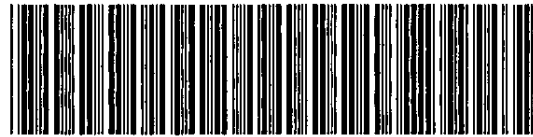
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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17 MAR 23 AM 24 54
ALL INFORMATION
FURNISHED TO
THE PUBLIC

MAR 24 2017

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alpha-Omega Endeavors, 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:

Brian P. Barnett

Name of Person

Alpha-Omega Endeavors, LLC

Firm/Company

518 S. Industry Road

Address

Cocoa, FL 32926

City/State and Zip Code

bbarnett@a-otc.com

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

For further information concerning this matter, please call:

Brian P. Barnett

321 445-9845
at ()

Name of Person

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

Alpha-Omega Endeavors, LLC

N/A

N/A

N/A

N/A

N/A

Enter Florida street address

_____, Florida

City

Zip Code

Page 1 of 3

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	Todd R. McDowell	108 S. Indian Circle	☐ Add
		Cocoa, FL 32922	☐ Remove
			☒ Change
MGR	Brian P. Barnett	311 Oceanside Blvd.	☐ Add
		Indialantic, FL 32903	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

17 MAR 2014 4:54 PM
ALLIANCE OF FLORIDA

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

N/A

17 MAR 23 AM 5:54
TAMMISSEE, FLORIDA

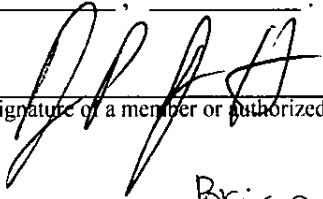
E. Effective date, if other than the date of filing: _____ (optional)

(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 3/17/17



Signature of a member or authorized representative of a member

Brian P. Barnett

Typed or printed name of signee