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| (Req | uestor's Name) | |
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| (Add | lress) | |
| (Add | Iress) | |
| (City | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | cument Number) |) |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporat | ions | • | | |
|---|---|---|---|-----|
| SUBJECT: THE | ALPHA WO. Name of Limited I | MAN SOCIETY, Liability Company | LLC | |
| The enclosed Articles of Amen | dment and fee(s) are submitte | ed for filing. | | |
| Please return all correspondence | e concerning this matter to th | ne following: | | |
| | SILI | Name of Person | | |
| _ | | Firm/Company | | |
| _ | 1301 A | 2- Brown BLV. Address | d (#260) & FER | |
| | FT LACE | derdale, FL 33 ity/State and Zip Code Cella @ Ya Hooo com | | |
| | STEPHEN SOL | Cella @ La Hooe come used for future annual report notification) | P11 2: 08 | 0 |
| For further information concern | · | , | တ <i>ာ့</i> ် | -11 |
| Name of Perso | ellib n | at (959) 245-66 Area Code Daytime Teleph | | |
| Enclosed is a check for the following | owing amount: | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & C 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| THE AY. | MA WOMAN SOCI | ett, LLC |
|---|--|--|
| (Name of the Lim | ited Liability Company as it now appears (A Florida Limited Liability Company) | <u>on our récords,)</u> |
| The Articles of Organization for this Limited I | Liability Company were filed on <u> </u> | 144 2, 2016 and assigned |
| This amendment is submitted to amend the fol | • | |
| A. If amending name, enter the new name | | |
| The new name must be distinguishable and contain the | Words "Limited Liability Company," the des | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| (Principal office address MUST BE A STRE. | ET_ADDRESS) | |
| | | 5 LEGETAL TO THE PARTY OF THE P |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | 2: 07 2: 07 07 |
| B. If amending the registered agent and registered agent and/or the new registered of | l/or registered office address on office address here: | our records, enter the name of the new |
| Name of New Registered Agent: | STEPHEN R. F | 4Ce/14 |
| New Registered Office Address: | | |
| | Enter Florid | la street address |
| | | , 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> | | | Address | Type of Action |
|--------------|-------------|---------------|----|---|----------------|
| 4MBR | EVA E | BLANDINO | | 1301 F. Brown Blue 260) FT LANDERCOLO, FL 3330 | ☐ Add |
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| effective date is list in the date in the | other than the date of sted, the date must be specified in this block does that on the Department. | cific and cannot be prices not meet the appli | cable statutory filir | roption fore than 50 days after fi g requirements, this d | ling.) Pursuant to 605.020 |
| record specifi he 90th day a | es a delayed effec after the record is | tive date, but no filed. | ot an effective | time, at 12:01 a.r | m. on the earlier o |
| ed Tuly | 12, 2016 | _, | | | |
| | | | norized representative | | |

Page 3 of 3

Filing Fee: \$25.00