

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MARC L. SHAPIRO, P.A.
Account Number : I20080000007
Phone : (239) 649-8050
Fax Number : (239) 649-8050

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: hafida@attorneys Shapiro.com

17 JUN 19 AM 11:49
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALPHA TITLE GROUP, LLC

Certificate of Status	0
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2017 JUL 19 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 20 2017

Y SULKER

07-19-'17 11:25 FROM- Marc Shapiro, PA

239-649-8057

T-251 P0002/0005 F-821

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA TITLE GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hafida Elkadiri

Name of Person

Marc L. Shapiro, P.A.

Firm/Company

720 Goodlette rd N. # 304

Address

Naples, FL 34102

City/State and Zip Code

hafida@attorneyshapiro.com

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

For further information concerning this matter, please call:

Hafida Elkadiri

Name of Person

at (239)

Area Code

649-8050

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

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

ALPHA TITLE GROUP, 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 March 1st, 2017 and assigned
 Florida document number L17000047584.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Marc L. Shapiro, P.A.

New Registered Office Address:

720 Goodlette Rd N. # 304

Enter Florida street address

Naples, FL


Florida 34102

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

07-19-'17 11:26 FROM- Marc Shapiro, PA 239-649-8057 T-251 P0004/0005 F-821

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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	John Malloy	5260 Summerlin Commons Way	<input type="checkbox"/> Add
		Fort Myers, FL 33907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marc L. Shapiro	720 Goodlette Rd N. # 304	<input checked="" type="checkbox"/> Add
		Naples, FL 34102	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FLORIDA

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

FILED
17 JUN 19 AM 11:49
FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FLORIDA

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

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 June 8th, 2017

Signature of a member or authorized representative of a member

Hafida Elkadiri, authorized representative

Typed or printed name of signee