L17000058578

(Requestor's Name)
(Address)
(1000-100)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
ALLAHASSEF FINANCE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2017

MARY L. WARREN 1757 N. NOVA ROAD, SUITE 108A HOLLY HILL, FL 32117

SUBJECT: ALPHA REALTY GROUP, LLC

Ref. Number: L17000058578

We have received your document for ALPHA REALTY GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 017A00007446

COVER LETTER

	gistration Se ision of Cor			
SUBJECT:	Alpha Real	ty Group, LLC		
		Name of Lim	nited Liability Company	
The enclosed	I Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Mary L Warren		
			Name of Person	
		Alpha Realty Group, LLC		
		the same appears, place a first space of the same space of the sam	Firm/Company	THE PROPERTY OF THE PARTY AND ADDRESS OF THE P
		1757 N. Nova Rd, Stc 108.	A	
			Address	- 100 - 1 - 1 - 110 10 40 - 121 - 12
		Holly Hill, FL 32117		
			City/State and Zip Code	
		management@alpharealtygi		
		E-mail address: (f	to be used for future annual report notific	ation)
For further in	formation co	ncerning this matter, please ca	all:	
Mary L Warı	ren	·	386 481-8929 at ()	
	Name of	Person	Aren Code Daytime T	elephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

(Name of the Limite	d Liability Company as it now unnears an our record	<u> </u>
(1.11116)	d Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>,,</u>
The Articles of Organization for this Limited Lia		and assigned
Florida document number L17000058578		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BÉ A POST OFFICE B	(OX)	
Mailing address MAY BE A POST OFFICE B 3. If amending the registered agent and/o	r registered office address on our records	
Mailing address MAY BE A POST OFFICE B 3. If amending the registered agent and/o	r registered office address on our records	
Mailing address MAY BE A POST OFFICE B 3. If amending the registered agent and/o egistered agent and/or the new registered off	r registered office address on our records	
Mailing address MAY BE A POST OFFICE B 3. If amending the registered agent and/o egistered agent and/or the new registered off Name of New Registered Agent:	r registered office address on our records	
Mailing address MAY BE A POST OFFICE B 3. If amending the registered agent and/or the new registered off	er registered office address on our records	, enter the name of th
	er registered office address on our records ice address here:	, enter the name of th

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 Agen

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>	Address	Type of Action
Director	Henry Lee Hill	1757 N. Nova RD. STE 108A, Holly Hill,	FL 32117 ® Add
			Remove
			Change
			☐ Remove
			☐ Change
		·	D Add
			□ Remove
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<u> </u>			
			□ Remove
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			TARCEL APR
			SSEE PS
			FILED RECRETARY OF STATE LAHESSEE FLOGO

. If anten	nding any other informati	on, enter change(s) here: (Attach addi	tional sheets, if necessary.)		
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Note: It	the date inserted in this bloc	ate of filing: e specific and cannot be prior to date of filing or a does not meet the applicable statutory filitartment of State's records.	ng requirements, this date will	suant to 605.0207 (3)(b) not be listed as the	
	rd specifies a delayed e Oth day after the recor	effective date, but not an effective d is filed.	time, at 12:01 a.m. on t	the earlier of:	
Dated	4/19/	. 2017			
		7			
	Si	gnature of a member or authorized representative	e of a member	17 SE 17	
	Mary L Warren	Typed or printed name of signce		是多用	24
		,, , , , , , , , , , , , , , , , , , , ,	:	ARRY ASSE	
		Page 3 of 3	·	T 2 0	ه. څخه ر مينونونست
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