

L18000122247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000313734260

000313734260
05/23/18--01015--009 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 29 AM 9:32

N COOPER

MAY 30 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alpha Restoration Group 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:

Yarelis Reyes

Name of Person

Alpha Restoration Group LLC

Firm/Company

7 Putter Drive

Address

Palm Coast, Florida 32164

City/State and Zip Code

Office@AlphaRestore.com

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

For further information concerning this matter, please call:

Yarelis Reyes

904

8594535

Name of Person

at (_____) _____

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

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

Alpha Restoration 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 05-12-2018 and assigned Florida document number L18000122247.

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 29 AM 9:32

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: Yarelis Reyes

New Registered Office Address: 7 Putter Drive

Enter Florida street address

Palm Coast, Florida 32164

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>	<u>Type of Action</u>
MGR	Yarelis Reyes	7 Putter Drive	<input checked="" type="checkbox"/> Add
		Palm Coast, Florida 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brianne Nodal	7 Putter Drive	<input checked="" type="checkbox"/> Add
		Palm Coast, Florida 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ismael Basart	7 Putter Drive	<input type="checkbox"/> Add
		Palm Coast, Florida 32164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Yarelis Reyes	7 Putter Drive	<input type="checkbox"/> Add
		Palm Coast, Florida 32164	<input checked="" 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

18 MAY 23 AM '52

18 MAY 29 AM 9:32

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Dated May 24th, 2018

22 11/22

Yarelis Reyes

Typed or printed name of signee