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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Alpha Oneya Recovery, 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:	
Marc L Brown Name of Person	
Alpha Onega Recovery, LLC Firm/Company	
103100 Overseas Hwy. UNIT43	
Key Largo, FL 33037  City/State and Zip Code  Marca Celef (esto) Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person  Area Code  Name Telephone Number	
Enclosed is a check for the following amount:	
\$ \$25.00 Filing Fee \$ \$ \$30.00 Filing Fee & Certificate of Status	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A/A/A	
Alpha Omega Reco	very, LLC
(Name of the Limited Liability Compa i/ (A Florida Limited)	iny as it now appears on our records.)
V VIVIONAL INIMALIA	2/1/2 E80 6
The Articles of Organization for this Limited Liability Company	
Florida document number <u>4 18000185096</u>	
	1 22 L
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	ility company here:
41/4-	
The new name must be distinguishable and confain the words "Limited Liabil	itty Company, the designation "LLC" or the appreviation "LLC".
Enter new principal offices address, if applicable:	103/00 Overseas Hwy
(Principal office address MUST BE A STREET ADDRESS)	1)NiT43
	Key Largo, FL 33037
Parkers and the state of the st	103100 Overseas Huy
Enter new mailing address, if applicable:	17 743
(Mailing address MAY BE A POST OFFICE BOX)	UNIT TO
	1/ey Largo, -L 33037

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:

New Registered Office Address:

Overseas Hwy

Enter Florida street address

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.

I 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>	Type of Action
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f an effective date is lis <u>Note:</u> If the date ins	ther than the date of sted, the date must be spe- serted in this block doc e date on the Departma	eific and cannot be pr es not meet the app	licable statutory fi	r more than 90 days after	onal) tiling) Pu s date will	rsuant to not be	605.020 listed a
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Filing Fee: \$25.00