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T. LEMIEUX

COVER LETTER

SUBJECT:	ALPHAPR	IME CONSULTING LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please return	all correspo	ndence concerning this matter	to the following:	
		JANIS LYNN HALL		
Name of Person				
		ALPHAPRIME CONSUL	TING LLC	
			Firm/Company	
		1719 RENWICK WAY		
	Address THE VILLAGES, FL 32162			
		THE VILLAGES, FL 3210	62	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please ca	all;	
JANIS LYN	N HALL		252 676-3103	
-	Name o	f Person	at () Area Code Daytir	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
	MAIL	ING ADDRESS:	STREET/COUR	UFR ADDRESS:

Registration Section Division of Corporations

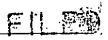
TO:

MAILING 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

ALPHAPRIME CONSULTING 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 Compar	ay were filed on 01/02/	2019 2019 FEB 18 P 3 B5 and assigned	
Florida document number L19000004898	y were med on	MARKET A SERVE	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new welling address (6 1;).			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		r records, <u>enter the name of the nev</u>	
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida s	treet address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my s provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is	
	anging 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
MGR	JANIS LYNN HALL	1719 RENWICK WAY	
		THE VILLAGES, FL 32162	
			□ Remove
			■ Change
			Add
			□ Remove
			□ Change
		,	
			Remove
			Change
			🗖 Add
			Remove
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			Change

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13.00		4.5			
(If an effection Note:	re date, if other than the date etive date is listed, the date must be s if the date inserted in this block on this effective date on the Depart	pecific and cannot be prior to loes not meet the applical			
	ord specifies a delayed eff 90th day after the record		an effective time, a	at 12:01 a.m. on the	earlier of:
Dated _	FEBRUARY 15TH	2019			
	Q L'h	In Holl	_		
	July Jugor	ature of a member or author	ized representative of a me	mber	
	JANIS LYNN HALL				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00