

L19000019403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

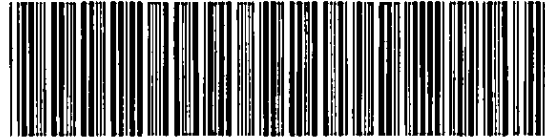
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2021 AUG -4 PM 6:20
SECURITY UNIT
TALLAHASSEE, FL

PRUCE
AUG 16 2021



RECEIVED

2021 AUG 16 PM 1:11

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2021

JOSEPH MANSOUR
120 S EDISON AVE
TAMPA, FL 33602

SUBJECT: ALPHA GROUP FINANCIALS, LLC
Ref. Number: L19000019403

We have received your document for ALPHA GROUP FINANCIALS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 521A00017483

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DIVISION OF CORPORATIONS

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA GROUP FINANCIALS, LLC

Name of Limited Liability Company

2021 JUN 29 PM 2:16

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

Please return all correspondence concerning this matter to the following:

JOSEPH MANSOUR

Name of Person

ALPHA GROUP FINANCIALS, LLC

Firm/Company

120 S EDISON AVE

Address

TAMPA FL 33602

City/State and Zip Code

4520WKENNEDY@GMAIL.COM

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

For further information concerning this matter, please call:

JOSEPH MANSOUR

813 258-6691

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE, FL

2021 AUG -4 PM 6:20

FILED

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

ALPHA GROUP FINANCIALS, 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 1/17/2019 and assigned
Florida document number L19000019403.

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)

120 S EDISON AVE

TAMPA FL 33606

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2021 AUG -4 PM 6:20
TAMPA, FLORIDA
CLERK OF CIRCUIT COURT

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:

Enter Florida street address

_____, Florida _____
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	CAMERON, KEVIN A	4520 W KENNEDY BLVD	<input type="checkbox"/> Add
		TAMPA, FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANSOUR, JOSEPH	120 S EDISON AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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.

202

JOSEPH MANSOUR

Typed or printed name of signee

Filing Fee: \$25.00