L20000066713

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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS NOV 2 3 2021



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Letter Number: 221A00023344

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2021

GALINA KLYACHMAN 19333 COLLINS AVE APT 809 SUNNY ISLES BEACH, FL 33160

SUBJECT: ALPHABETA SOLUTIONS LLC

Ref. Number: L20000066713

We have received your document for ALPHABETA SOLUTIONS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO:

Registration Section
Division of Corporations

ALPHABETA SOLUTIONS LLC SUBJECT: 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: Galina Klyachman Name of Person ALPHABETA SOLUTIONS LLC Firm/Company 19333 Collins ave, Ap 809 Address sunny isles beach florida 33160 City/State and Zip Code gklyachman@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 646 662-8658 Galina Klyachman Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, **■ \$25.00** Filing Fee □ \$30.00 Filing Fec & Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: **Street Address: Registration Section** Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpha Beta Solutions LL C21 007 21 PH 3: 18

(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 Lia	bility Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the follow	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	rds "Limited Liability Company," the designation "L	A.C" or the abbreviation "E.L.C."
Enter new principal offices address, if applica	ble: <u>/9333 Cold</u>	lins are #80 s Beach, FL 33/
(Principal office address MUST BE A STREET	ADDRESSI SYNNY ISTE	S BEACH, FL 331
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	_	ter the name of the new register
Name of New Registered Agent:	GALINA LEGACHI	NAN
New Registered Office Address:	Enter Florida street ada	lress .
	Cuv	FloridaZıp Code
	CIIV	zap 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 a 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 addor removed from our records:

MGR = Ma $AMBR = Au$	inager thorized Member			- 10	
<u>Title</u>	<u>Name</u>		Address	21 001 21 PH 3: 10	Type of Action
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		/	#809 FL-9	SUNNY 18/es 3160	□Remove
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Eiling Fee: \$25.00