

# L20000365078

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

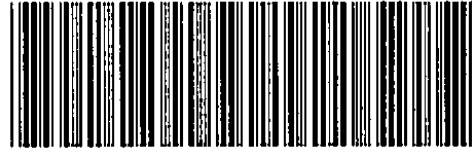
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

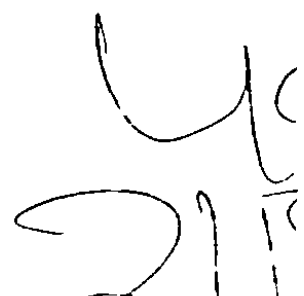
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RECEIVED  
FEB 15 2021  
CORPORATE SERVICES DIVISION  
1787



TO: Registration Section  
Division of Corporations

SUBJECT: ALPHA PAYROLL, 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:

SERGE LOUIS  
Name of Person  
ALPHA PAYROLL, LLC  
Firm/Company  
21013 NW 14 Place Unit 243  
Address  
Miami, FL 33169  
City/State and Zip Code  
info@llgaccounting.com  
E-mail address: (to be used for future annual report notification)

REC'D JAN 17 2007

For further information concerning this matter, please call:

Serge Louis at (954) 451-1182  
Name of Person 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ALPHA PAYROLL, 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 11/17/2020 an  
Florida document number L20000365078.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LFG Payroll, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

21013 NW 14 PLACE UNIT 243  
MIAMI, FL 33169

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:**

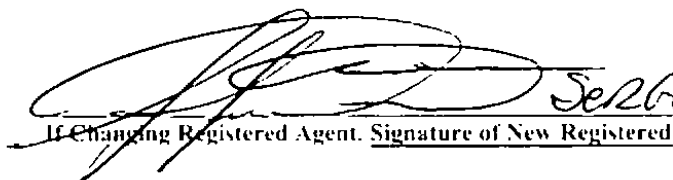
Name of New Registered Agent: ZEUS ENTITY MANAGEMENT LLC

New Registered Office Address: 7972 PINES BLVD #246122  
*Enter Florida street address*

PEMBROKE PINES, Florida 33024  
*City* *Zip*

**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 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 filing 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



