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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Co							
Intellativ	Alpha Investments, LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspond	ondence concerning this matter	to the following:					
	John K. Nguyen						
	Name of Person						
	Intellativ Alpha Investmen						
	Firm/Company						
	10801 Starkey Road Suite 104 PMB 238						
		Address					
	SEMINOLE, FL 33777						
		City/State and Zip Code					
	intelainvestments@gmail.co			<del></del>			
	E-mail address: 6	to be used for future annual	report notification	)			
For further information of	concerning this matter, please ca	all;				202	
John K. Nguyen		727 30 at ()	00-9676			ų JA	
Name o	Name of Person Area Code Daytime Telephone Number			ione Number	12:5	2024 JAN -3	
Enclosed is a check for t	he following amount:				SSEE,	AH IO	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is en-		\$60.00 Filir Certificate Certified C taddmonal co	of Stalls opy	<u></u> =	
Mailing Address: Registration Section Division of Corporations			ddress: ation Section n of Corporati	ons			
P.O. Box 632		The Ce	The Centre of Tallahassee				

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intellativ Alpha Investments, 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 <u>January</u> 21, 2021 and assigned Florida document number \_L21000041410 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 "LLC." 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) 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: Daniel Kelzner: GG 577429 minnow brook way Lando Lad Enter Florida street address Florida 34. Name of New Registered Agent: New Registered Office 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.

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>	Name	Address	Type of Action
AMBR	Mr. Daniel J. Kerzner	7249 Minnow Brook Way	■Add
		Land O Lakes, FL 34637	□Remove
			□Change
			□Add
			□Remove
			□Change
			SE CREMOVE TO
			SCORE TO SECOND
			Remove
			□Change
			□Change
			🗀 Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(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 (30(b)) \_\_ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature of autorabor or authorized representative of a member

Filing Fee: \$25.00