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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **5ALPHA LLC**

Certificate of Status	0
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Page Count	04
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OCT 15 2022

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5Alpha LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on 07/19/21	and assigned
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 I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
		2022
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	4	<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the n	ame of the new registere
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>	Name	Address	Type of Action
AMBR	Timothy G. Cooprider	7901 4TH ST N STE 300	<b>X</b> Add
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Effective date, if other than telefan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more to block does not meet the applicable statutory filing re	(optional) than 90 days after filing.) Pursuant to 60	05.0207 (3)
he record specifies a delayed effectord is filed.	tive date, but not an effective time, at 12:01 a.m. on t	he carlier of: (b) The 90th day aft	er the
Dated 10/12	2022		
f. 7			
Kilmy Tark	Signature of a member or authorized representative of a	member	
Dilay Bark			
Riley Park	Typed or printed name of signer		

Filing Fee: \$25.00