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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

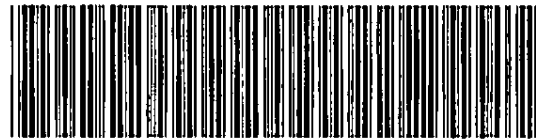
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
MAR 01 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Liquidity 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:

Nathan Thiry
Name of Person

Alpha Liquidity LLC
Firm/Company

110 Washington Ave, 2409
Address

Miami beach FL, 33139
City/State and Zip Code

Alpha theory investments LLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamin Thiry at (786) 779-3205
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

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TALLAHASSEE
SECTION OF
CORPORATIONS

Alpha Liquidity LLC
(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)


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>
AMBR	Dennis Luis Soto	219 73RD St Miami Beach	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECURITY
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TALLAHASSEE, FL

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SEALANT COPY DATE
TALLAHASSEE, FL

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.

Dated Feb 17, 2022

Signature of a member or authorized representative of a member

Jamin Thiry
Typed or printed name of signee