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2022 APR II AM 7: 35 SECRETARY OF STATE TALLAHASSEE, FL

O SIMMONS
MAY 0 3 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	· ALPHA	ALERTS IIC	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		HUY NGUYEN	
		Name of Person	
		Firm/Company	
	4025	W Waters Aug STE	113
	- Tampa 1	FL 3 3 6 1 4 City/State and Zip Code	
	support (a	City/State and Zip Code City/State and Zip Code Color Color State Code Cobe used for future annual report noti	effication)
For further information c	oncerning this matter, please co	all:	
	17 NGUYEN	at (407) 437 -	
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne 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)
		·	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2022 APR 11 AM 7: 35

ALPHA ALERTS LLC SECRETARY OF STATE

(Name of the Limited Liab (A Flori	illity Company as it now appears (ida Limited Liability Company)	m STALLAHASSEE.	-FL.
The Articles of Organization for this Limited Liability			
Florida document number <u>L 220008719</u>		, 	_ :
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here	: :	
ALPHA STOCK F	HERTS LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the desi	gnation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or register		ords, <u>enter the name</u>	of the new registe
agent and/or the new registered office address here			
N. C.			
Name of New Registered Agent:			
New Registered Office Address:	Ent. of Elevisis	a street address	
	City	, Florida	Zin Cools
	·		zip (oac
New Registered Agent's Signature, if changing Registe			,
I hereby accept the appointment as registered ager	nt and agree to act in this ca	pacity. I further agre	e to comply with t

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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Add
			□Remove
			□Remove
		<u> </u>	
			□Remove
		· · · · · · · · · · · · · · · · · · ·	
			□Remove
			□Change

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannon be prior to date of filing or more than 90 days after filing.) Pursuant to 605-9207 Note: If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 rid is filed. Dated 41642022 Signature of a member or authorized representative of a member.	-	
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:	-	
Effective date, if other than the date of filing:	-	<u> </u>
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Effective date, if other than the date of filing:	-	
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Yun		
	Dated	
Signature of a member or authorized representative of a member		Chair