122000 AUDISON

(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:	
J. HORNE DEC - 9 2022	

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/08/2022	
Name:	Janelle Davis	_
	#:1857545	_
	me: ALPHA GRO	JP SERVICES LLC
	icles of Incorporation/Authorization	
√ Am	nendment	
☐ Ch	ange of Agent	
Re	instatement	
Co	nversion	
□ Ме	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	titious Name	
☐ Otl	ner	
	d Amount: \$125.00	
Signature	: <u>Janelle Davis</u>	

F: 800.944.6607

P: +852.2682.9633



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

ate:12/08/2022	Date:_
ame:Janelle Davis	Name:
leference #:1857545	
ntity Name: ALPHA GROUP SERVICES LLC	Entity N
Articles of Incorporation/Authorization to Transact Business	
Amendment	V
☐ Change of Agent	
Reinstatement	<u> </u>
☐ Conversion	
☐ Merger	<u> </u>
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
authorized Amount:\$125.00	Authori
signature:	Signatu

P: 800.221.0102

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EII ED

Alpha Group Services LLC

2022 DEC -8 P# 12: 09

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records); simited Liability Company) In Linking:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
The Articles of Organization for this Limited Liability Conforda document number L22000266190	mpany were filed on June 10, 2022	and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		-
Principal office address MUST BE A STREET ADDRE	<u></u>	
		<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the	name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Florid	a
	Сиу	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

f 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>l'itle</u>	Name	<u>Address</u>	Type of Action
			□Add
			□ Remove
			Change
			□Add
			□ Remove
		·	□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

is to engage in an	y lawful activity for w	hich a limited liab	ility company may b	e organized in this state.	*
					
					
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an effective date is listed, ote: If the date insert		and cannot be prior of the capplic	to date of filing or more able statutory filing r	(optional) than 90 days after filing.) P equirements, this date w	
record specifies a dela is filed.	yed effective date, but	not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The 9	10th day after the
December I		2022			
			7)		

Typed or printed name of signee