Florida Department of State Division of Corporations Electronic Filing Cover

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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

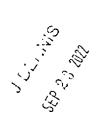
Email Address:______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALPHA PREMIER SOLUTIONS, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpha Premier Solutions, LLC		<u> </u>
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 08/29/2	22 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	on "LLC" or the abbreviation "L L.C."
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 offic agent and/or the new registered office address here:	ce address on our records	, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	rt 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>	<u>Name</u>	Address	Type of Action
AMBR	MORRIS, CHRISTOPHER	7901 4TH ST N STE 300	X ¹Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
AMBR	MORRIS, HOLLIE	7901 4TH ST N STE 300	⊠Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
***			□Add
			□Remove
			□Change
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			□Change

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Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	foes not meet the applicab	date of filing or more than the statutory filing require	(optional) 90 days after filing.) Pursuant ements, this date will not	to 605.0207 (3 be listed as th
he record specifies a delayed effective dat ord is filed.	e, but not an effective time	e, at 12:01 a.m. on the ea	arlier of: (b) The 90th da	y after the
Dated September 21	2022	. •		
Sign	ature of a member or authori	A pad representative of a mer	nber	
		non representatives of a their		
Morgan Noble				

Filing Fee: \$25.00