

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000078087 3)))



H230000780873ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone

: (954)842-2931

Fax Number

: (954)842-2936

0) _,													
Ent. ا	er the	e email	address	for	this	busin	ess	entity	to	be	used	for	future
27.8	annua	l repor	t mailin	gs.	Enter	only	one	emai1	add	res:	s ple	aseُ	**

: Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALPHA SERVICES GROUP LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

2707 Z- W.H

COVER LETTER

TO:	Registration S Division of Co			
SUBJEC	ALPHA S	SERVICES GROUP LLC		
CODUL	-··	Name of Li	mited Liability Company	
		f Amendment and fee(s) are su	·	
Please re	turn all corresp	ondence concerning this matte	r to the following:	
		SERGEI IURKOV		
		~	Name of Person	
		ALPHA SERVICES GRO	OUP LLC	
			Firm/Company	
		400 SUNNY ISLES BLV	D 1206	
			Address	
		SUNNY ISLES BEACH,	FL 33160	
			City/State and Zip Code	
		yurkov2101@gmail.com E-mail address: (to be used for future annual report notific	
For furthe	r information c	oncerning this matter, please c		attorn
SERGEI	IURKOV		323 996-9579 at()	
	Name o	f Person		elephone Number
Enclosed i	s a check for th	e following amount:		
■ \$ 25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
R	lailing Address egistration S		Street Address: Registration Section	on

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHA SERVICES GROUP LLC

(Name of the Li	mited Limbility Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Florida document number L22000498650	Liability Company were filed on 11/22/2022	and assigned
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and commin the	e words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	licable;	
Principal office address MUST BE A STRE		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFIC</u>	E BON)	
	3	0.3
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office address on our records, <u>enter the naress</u>	ne of the flew regist
		.
Name of New Registered Agent:	TURKOV, SERGEI	
New Registered Office Address:		⊐r
·	Enter Florida street address	<u> </u>
		·_
	, Florida	. 0

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.

Sergei Auckov.

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

Title	Name	Address	Type of Action
AMBR	IURKOV, SERGEI	400 SUNNY ISLES BLVD 1206	
		SUNNY ISLES BEACH, FL 33160	□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			DChange
 -			□Add
			□Remove
			□Change
			□Remove
			□Change

-		<u> </u>		
	-		<u> </u>	
				
			•	_
				<u>-</u>
		· · · · · · · · · · · · · · · · · · ·	 -	
				
···				<u> </u>
			<u> </u>	
			·	
Tective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the Detective date on the Detective date of the date is filed.	epartment of State's	records.	rining requirements, tr	us date will not be listed a
is filed,		,		ey and your day after the
02/28	202;	<u>. </u>		
ted 02/28	; _ _			

Contraction of the second

Filing Fee: \$25.00