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COVER LETTER

Divisio	ration Section of Corpor	ations	
CHD IECT.	ALD	sha Se	ervices Group LLC. me of Limited Liability Company
SUBJECT:		Nam	ne of Limited Liability Company
The enclosed A	nicles of Am	endment and fee(s)	a) are submitted for filing.
			is matter to the following:
			Serger Turkov
			Name of Person
		AL	-pha Services Group LLC Firm/Company
		400 Su	nny Isles Blud Apt 1205, Sunny Isles
		S	Sunny Isles Beach FL 33160-5051
		yurko	address: (to be used for future annual report notification)
	•	E-mail :	address: (to be used for future annual report notification)
For further info	rmation con	erning this matter.	, please call:
	Sergei	IGRKOV	at (323) 996 95 79 Area Code Daytime Telephone Number
	Name of Po	rrson	Area Code Daytime Telephone Number
Enclosed is a ch	neck for the i	following amount:	
⊠ \$25.00 Fili	ng Fee	S30.00 Filing Fo	
	ig Address:		Street Address: Registration Section
_	tration Section of Cor		Division of Corporations
	Box 6327	I	The Centre of Tallahassee
Talla	hassee, FL	32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

A. If amending name, enter the new name of the limited liab	oility company here:	,
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designa	ttion "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:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
Tvew regginered without radiose.	Enter Florida st	reet address
		, Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u> </u>	
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my oprovided for in Chap	huties, and I am familiar with and ter 605, F.S. Or, if this document is
If Cha	nging Registered Agent, S	ignature of New Registered Agent

783 FILLED

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
M.GR	Serger Turkor	400 Sunny Isles Balled Apt	<u>n⊘s</u> ⊠Add
	· ·	400 Sunny Isles Black Apt Sunny Isles Beach FL	□Remove
		33/60-5031	□Change
			□Add
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