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08/08/24

COVER LETTER

TO:

Registration Section

Division of Cor	porations					
SUBJECT:	The Wag	(100 House LL ited Liability Company	<u>C</u>			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	(P15	Aina Capelo Name of Person				
	The u	Uog Club House Firm/Company				
	1079	NW 75th St Address	•			
	M:0	City/State and Zip Code Capello 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ON FILE S			
	E-mail address: (1 Capello \otimes 3 Mail. (to be used for future annual report noting	fication)			
For further information c	oncerning this matter, please c	all:				
CRISTY Name o	∩a f Person	at (<u>786)</u> 901 Area Code Daytim	re Telephone Number			
Enclosed is a check for th	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)			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Con The Centre of T	porations			
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	love UC
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	by were filed on $5\sqrt{30/23}$ and assigned
Florida document number <u>(13000262172</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Alpha club House LLC	
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	1079 NW 75th Street
	Miomi, FL 33150
	· ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
. 1,	address on our records, enter the name of the new registere
agent and/or the new registered office address here: γ	∆
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	9
	Enter Florida street 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: $\gamma \setminus C$

MGR = 1	Manager
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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
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			□Remove
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tive date, if othe	er than the	date of filing:			_ (option	al)
Tective date is listed	, the date must	be specific and canno	ot be prior to date of filing the applicable statutor	ng or more than 90 o	days after fi	ling.) Pursuant to 60
nent's effective da	ate on the De	partment of State's	records.	,g . • 	ones, 11115 c	ate will not be its
cord specifies	a delayed	effective date,	but not an effec	tive time, at 1	.2:01 a.i	m. on the earl
90th day afte	er the reco	ord is filed.		,		
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