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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	MARKETING LLC			
SUBJECT:	Name of Limit	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
	Cheyenne Moseley			
	· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>	
	Legalzoom.com, Inc.			
		Firm/Company		
	101 N Brand Blvd 11th Fl		9	207
		Address	길잎	2025 JAH
	Glendale, CA 91203			
	annelacey21@gmail.com	City/State and Zip Code		( <u>1222</u>
	· · · · · · · · · · · · · · · · · · ·	o be used for future annual report not	:m/.	"
For further information of	concerning this matter, please ca	11.	<u>ئ</u> ے نسم 1	ភ្នំ ភ្នំ
Cheyenne Moseley		800 773-0888 at ( )		
Name o	of Person		e Telephone Number	_
Enclosed is a check for t	he 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 Certificate of Certified Cop (additional copy	Status &
Regist Divisio	JING ADDRESS: ration Section on of Corporations fox 6327	STREET/COUR Registration Section Division of Corpor Clifton Building	on	

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on  Florida document number	1/27/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company l	iere:	
Alpha Leader Consulting LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		· >>
Principal office address MUST BE A STREET ADDRESS)	TA	2024
	!:	
	<del></del>	- (_;, &
Enter new mailing address, if applicable:	5 	::: :: "
Mailing address MAY BE A POST OFFICE BOX)		9
	;	כח
B. If amending the registered agent and/or registered office address of the egistered agent and/or the new registered office address here:  Name of New Registered Agent:	n our records, <u>enter</u>	the name of the
New Registered Office Address:	orida street address	

## New Registered Agent's Signature, if changing Registered Agent:

LOTHER MADIZITING LEG

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Florida \_

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>	Name	Address	Type of Action
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			Remove
			Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) or more than 90 days after filing.) Pursuant to 60	5,020
te: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	tiling requirements, this date will not be its	ted a:
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record specifies a delayed effective date, but not an effecti he 90th day after the record is filed.	ve time, at 12:01 a.m. on the earl	ier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00