# 11/3000002037

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
CUO W15-83255				

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 31, 2015

METZLER ADVISORY, LLC BRENT P METZLER, CPA 742 SOUTH VILLAGE CIR. TAMPA, FL 33606

SUBJECT: PINK TATI LLC Ref. Number: M13000002037

We have received your document for PINK TATI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly-Regulatory Specialist II

Letter Number: 415A00027294

16 FEB -8 MII: 23

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: PINK TATI, LLC			
Name of Foreign	Limited Liabili	ty Company	
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) a	re submitted for	filing.	
Please return all correspondence concerning this	matter to the fo	llowing:	
BRENT P. METZLER, C.P.A	٨.		
Name of Person			
METZLER ADVISORY, LLC	;		
Firm/Company			
742 SOUTH VILLAGE CIRC	CLE		
Address			
TAMPA, FL 33606			
City/State and Zip Code			
BMETZLER@METZLERADVISO			
E-mail address: (to be used for future annual	report notification	on)	
For further information concerning this matter, p	olease call:		
BRENT METZLER	at (813	803-0031	
Name of Person	\/	& Daytime Teleph	one Number
STREET/COURIER ADDRESS:		MAILING AD	DRESS:
Registration Section		Registration Section	
Division of Corporations	Division of Corporations		porations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301		rumanassee, rie	11dd 52511
Enclosed is a check for the following amount:  \$\begin{align*}	\$55 Filing Certified	Copy Co	0 Filing Fee, ertificate of Status & ertified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

#### **SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appea	rs on the records of the Florida I	Department of
State: PINK TATI, LLC		
Enter new principal office address, if applicable:		The second second
( <u>Principal office address</u> <u>MUST BE</u> A STREET ADDRESS)	- pl (A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
2. The Florida document number of this limited li	ability company is: M13000	002037
3. Jurisdiction of its organization: DELAWA	RE	
4. Date authorized to do business in Florida: 4/	1/2013	
SECTION II (5-9 complete only the applicable 5. New name of the limited liability company: $\frac{F}{(mn)}$	•	mpany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	anaging members adopting the a	business in Florida and attach a lternate name. The alternate name
6. If amending the registered agent and/or register	ed officer address on our record	s, enter the name of the new
registered agent and/or the new registered office a	iddress here:	
registered agent and/or the new registered office a	ddress here:	
registered agent and/or the new registered office a Name of New Registered Agent:	ddress here:	
registered agent and/or the new registered office a Name of New Registered Agent:		a Street Address
registered agent and/or the new registered office a  Name of New Registered Agent:  New Registered Office Address:		a Street Address, Florida Zip Code

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 the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
le/ Capacity	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
		7	Add 8		
			Add		
			Remove		
			Add		
			Remove		
			Add		
Attached is a se	difficate if required no more than 00	tave old, avidencing the	Remove		
aforementioned	tificate, if required: no more than 90 c amendment(s), duly authenticated by- er the law of which this entity is organ	the official having custody of records in the			

Filing Fee: \$25.00

# Delaware The First State

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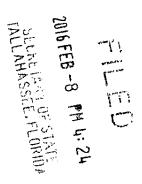
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PINK TATI, LLC",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"ALPHAMANDA, LLC" ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2015,

AT 1:41 O'CLOCK P.M.





Authentication: 201741720

Date: 01-28-16

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