L18000230394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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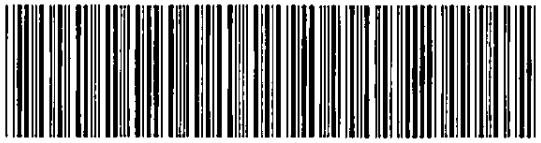

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SECRETARY OF STATE
TALLAHASSEE, FL

AB
9/11/25

COVER LETTER

TO: Registration Section
Division of Corporations

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2025 JUL 22 PM 5:38
SECRETARY OF STATE
TALLAHASSEE, FL

SUBJECT: Alliance Consulting Team, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Hoskins
Name of Person

HQPL, CPA
Firm/Company

926 Lake Baldwin Lane
Address

Orlando, FL 32814
City/State and Zip Code

susan@hcpaonline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Hoskins at 407-277-3000
Name of Person

Enclosed is a check for the following amount:

■ $25.00 Filing Fee

D $30.00 Filing Fee &
☐
Certificate of Status

$55.00 Filing Fee & Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

$60.00 Filing Fee, (Additional copy is enclosed)

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

Street Address:
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

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SECRETARY OF STATE
TALLAHASSEE, FL

Alliance Consulting Team LLC

(Name of Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on 09-28-2018 and assigned Florida document number L18000230394

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AW Services Enterprises LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: NA

(Principal address MUSTBE A STREETADDRESS)

Enter new mailing address, if applicable: NA

(Mailing address MAYBE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new re$tered agent and/or the new registered office address here:

Name of New Registered Agent: NA

New Registered Office Address:

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:

MGR= Manager
AN'IBR = Authorized Member

Title	Name	Address	Type of Action
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
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			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA

2025 JUL 22 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FL

09-10-25

E. Effective date, if other than the date of filing: _____
(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated: Sept 10, 2025

_____
Signature of a member or authorized representative of a member

Brett Collins-Managing Member

_____
Typed or printed name of signee