

Florida Department of State

Division of Corporations

H24000222355 3

Electronic Filing Cover Sheet

L24000160944

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CITI TAXES LLC
Account Number : I20230000131
Phone : (305)803-4427
Fax Number : (305)402-6230

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN 27 PM 12:18

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2024 JUN 27 PM 4:12
DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: citi.taxes@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE ALPHA BASE SOLUTIONS LLC

Table with 2 columns: Description and Amount. Rows include Certificate of Status (0), Certified Copy (0), Page Count (06), and Estimated Charge (\$25.00).

M. SOLOMON
JUN 28 2024

COVER LETTER

H24000222355 3

TO: Registration Section
Division of Corporations

SUBJECT: THE ALPHA BASE SOLUTIONS 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

Armando Vasquez
Name of Person
Citi Taxes LLC
Firm/Company
5721 NW 112th Ave Apt 108
Address
Doral, FL 33178
City/State and Zip Code
citi.taxes@yahoo.com
E-mail address (to be used for future annual report notification)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Armando Vasquez
Name of Person
305 803-4427
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the 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
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

H24000222355 3

THE ALPHA BASE SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/04/2024 and assigned Florida document number 1,24000160944.

This amendment is submitted to amend the following:

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

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:

2180 Central Florida Pkwy Suite A1Q

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32837

Enter new mailing address, if applicable:

2180 Central Florida Pkwy Suite A1Q

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32837

FILED SECRETARY OF STATE 24 JUN 27 PM 12:18

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

Name of New Registered Agent:

New Registered Office Address:

2180 Central Florida Pkwy Suite A1Q

Enter Florida street address

Orlando

Florida 32837

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.

Jean Edison

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
AMBR = Authorized Member

H24000222355 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA MILANO	38439 5TH AVE #1022	<input type="checkbox"/> Add
		ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEAN EDDISON	2180 Central Florida Pkwy Suite A1Q	<input type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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