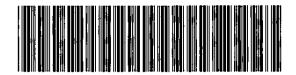
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## CT Corp.

### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 05/02/2018

	Acc#I20160000072
Name:	ALPHALEX, LLC (FL)
Document #:	
Order #:	10953683
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 25.00

Thank you!

### **COVER LETTER**

TO: Registration S Division of Co			
ALPHAL	EX, LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	•
Please return all corresp	ondence concerning this matter	r to the following:	
•	Paulo Miranda		
		Name of Person	
	PSM CORPORATE SER	VICE, INC	· · ·
		Firm/Company	
	1001 BRICKELL BAY D	RIVE #2046	
		Address	
	MIAMI, FL	· .	
		City/State and Zip Code	
	PSM@PSMCORPORATE		
Face Coulban in Commentary		to be used for future annual report not	incarion)
	concerning this matter, please of		
LEONARDO ANDRAI	DE	305 456-3752 at ()	
Name	of Person	Area Code Daytin	nc Telephone Number
Enclosed is a check for t	he following amount:		
₩ \$25.00 Filing Fee	□ \$30.00 Filing Pec &: Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Contificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHALEX, LLC			
(Name of the Limited	Liability Compa Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lial Florida document number L17000254273	bility Company	were filed on 12/13/2017	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The new name must be distinguishable and contain the wor	Ja W imited Tiebil	lity Company "the designation "[1 C" or the	abhraviation "I des "
	·	1001 BRICKELL BAY DRIVE	Company Company
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		SUITE 2406	12. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
		MIAMI, FL 33131	377 (2)
		MIAMI, PU 33 131	Table
		1001 BRICKELL BAY DRIVE	<b>E</b>
Enter new mailing address, if applicable:		SUITE 2406	100 CB
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	MIAMI, FL 33131	275 - 81
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address her	<b>:</b>	THE HABE OF THE BEST
Name of New Registered Agent.			
New Registered Office Address:	1200 SOUTH F	PINE ISLAND ROAD  Enter Florida street address	
	PLANTATION Florida 3332		33324
		City Florida	Zip Code
New Registered Agent's Signature, if changing Re-	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this ch	and complete ered agent as p gistered office lange.	performance of my duties, and I am provided for in Chapter 605, F.S. O address, I hereby confirm that the i	n familiar with and r, if this document is imited liability F. Souza Secretary
	II Chan	Bing trediztered wheut! Finantinte of Lich i	ACKINIOLER WEGHT

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

Title	Name	Address	Type of Action
MGR	Alexandre Bueno Bomeny	1001 BRICKELL BAY DRIVE	🗂 Add
		SUITE 2406	☐ Remove
		MIAMI, FL 33131	■ Change
			Remove
	·	:	☐ Change
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	- 16 A) A) A) A) A)	of filing:	(antional)	
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fective date n effective da te: If the di cument's eff	e, it other than the date of the is listed, the date must be spea ate inserted in this block doc fective date on the Departme	of filing:  cific and cannot be prior to date of filing or  es not meet the applicable statutory fili-  ent of State's records.	ing requirements, this date will not be li	isted as the
record sp	lective date on the Departme	ent of State!s records. tive date, but not an effective	ing requirements, this date will not be li	
record sp	lective date on the Departmo becifies a delayed effec	ent of State!s records. tive date, but not an effective	·	
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record sp	pecifies a delayed effective date on the Department of the pecifies and delayed effect day after the record is MAY 02	ent of State's records.  Etive date, but not an effective filed.  2018  The of a member of authorized representative representative.	time, at 12:01 a.m. on the ear	ller of:
record sp	pecifies a delayed effective date on the Department of the pecifies and delayed effect day after the record is MAY 02	ctive date, but not an effective filed.  2018  The of a member or all prized representative.  Alexandre Bueno Bomeny	time, at 12:01 a.m. on the ear	eller of:

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