

L16000228004

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ALPHA BUSINESS CONSULTING, LLC
Account Number : I20080000061
Phone : (407)582-9830
Fax Number : (407)601-6393

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMMJ BUSINESS, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

DEC 17 2019

A. LUNT

2019 DEC 14 PM 12:39

To: FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FROM: ALPHA BUSINESS CONSULTING, LLC

I am sending again this amendment, I called today then I was informed this amendment was rejected, but I did not get any letter.

Please, could you correct my fax number for (407)601-6393

Thanks for your time and consideration.

Maria Pinheiro

FILED
18 DEC 14 AM 8:55
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMMJ BUSINESS, 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:

MARIA PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTING, LLC

Firm/Company

6412 W COLONIAL DR

Address

ORLANDO, FL 32818

City/State and Zip Code

pinhelromaria@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO

407

582-9830

at ()

Name of Person

Area Code

Daytime Telephone Number

FILED
18 DEC 14 AM 8:55
CLERK OF COURT
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMMJ BUSINESS, 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 01/01/2017 and assigned
Florida document number L16000228004.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: ALEXANDRE MASTANDREA

New Registered Office Address:

Enter Florida street address

City

Florida

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

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|--|--|
| AMBR | ALEXANDRE MASTANDREA | 13211 GLACIER NATIONAL DR # 5508, ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | BRUNA ORTIZ BIAGGI | 7421 W. IRLO BRONSON MEM. HWY, KISSIMMEE, FL 34747 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

18 FEB 14 AM 8:55
KISSIMMEE, FL 34747
LED

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

NONE

18 DEC 14 AM 8:55
MAIL CHASSE. FLORIDA

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 December 03 2018

Signature of a member or authorized representative of a member

Typed or printed name of signer