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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : 120080000061 Phone : (407)582-9830 Fax Number : (407)601-6393

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

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JORGE MD LLC

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APR 17 2024 T. LEMIEUX

Tallahasscc, FL 32314

Alpha 4076016393 >> 850-617-6381 COVER LETTER

Division of Cor					i
JORGE MI	o LLC				
SUBJECT:		ited Liability Company			!
	Amendment and fee(s) are sub	-			; ;
Please return all correspo	ondence concerning this matter	to the following:			
	MARIA D PINHEIRO				! !
		Name of Person			:
	ALPHA BUSINESS CON	SULTING, LLC			,
		Firm/Company			Status &
	6412 W COLONIAL DR				
		Address			
	ORLANDO, FL 32818				
		City/State and Zip Code			:
	pinheiromaria@att.net E-mail address: (to be used for future annual	report notifie	ation)	
For further information c	oncerning this matter, please c		•	•	
MARIA D PINHEIRO			2 -9 830		•
Name o	f Person	at () Area Code	Daytime 1	Telephone Number	
Enclosed is a check for the	ha followino omavati				
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□ 325.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee of Certified Copy (additional copy is enc		Section Sectin Section Section Section Section Section Section Section Section	Status &
Malling Address Registration (Street Ad Registr	ddress: ation Sect	ion	
Division of C	Corporations	Divisio	n of Corpe	orations	
P.O. Box 632	27	The Cer	ntre of Ta	llahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Alpha 4076016393 >> 850-617-6381 AKIICLES OF AIVIENDIVIENI

TO ARTICLES OF ORGANIZATION OF

JORGE MD LLC		
(Name of the Limited Liabili (A Florid	Ity Company as it now appears on our records a Limited Limbility Company)	7)
The Articles of Organization for this Limited Liability C Florida document number L12000079128	Company were filed on 06/14/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited Hability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		202
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		
agent artery, the sterr registered office weares, fig.		E S
Name of New Registered Agent:		2: 3
Name of New Registered Agent.		(T)
New Registered Office Address:	Enter Florida street address	•
	, If lo	orida 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.

2024-04-16 12:04 Alpha 4076016393 >> 850-617-6381 P 4/5 At amenung Authorized rerson(s) authorized to manage, enter the title, nature, and audices in each person, being audice or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AR	JESUS M DIAS	3631 ANNA DR	□Add
		APOPKA, FL 32703	□Remove
			■ Change
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PLEASE CHANGE THE TITLE FOR JESUS M DIAS TO: AR.	<u></u>
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ctive date, if other than the date of filing: : ffective date is listed, the date must be specific and cannot be prior to date of :: If the date inserted in this block does not meet the applicable state	(optional) filling or more than 90 days after filling.) Pursuant to 60: autory filling requirements, this date will not be list
ment's effective date on the Department of State's records.	•
ord specifies a delayed effective date, but not an effective time, at Effect.	2:01 a.m. on the earlier of: (b) The 90th day after
ADDIT 16	•
d APRIL 16 , 2024 .	·
£ 24 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· ·
Signature of a member or authorized rep	presentative of a member
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Filing Fee: \$25.00