L16000032474

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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,(<u>Do</u>	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OF CORPORAL TIONS

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COVER LETTER

	egistration Se ivision of Cor		, ,	•
SUBJECT		ORPORATE SOLUTIONS LI	.c	•
source.	•	Name of Lir	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		SYLVANA NOGUEIRA		
		***	Name of Person	
		SYLVANA NOGUEIRA	BOOKKEEPING & ACCOUNTIN	IG SUPPORT SER
			Firm/Company	
		13640 North Kendall Driv	re #1016	
			Address	
		Miami, FL 33186		
			City/State and Zip Code	
		snbookkeeper@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further	information co	oncerning this matter, please c	all:	
SYLVANA	NOGUEIRA		305 8740908 at ()	
	Name of	f Person		e Telephone Number
Enclosed is	a check for th	ne 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)
<u>M</u> a	niling Address	<u>s:</u>	Street Address:	

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

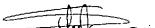
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPHA CORPORATE SOLUTION				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it new appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited 1	Liability Company	were filed on 02/16/20	016	and assigned
Florida document number L16000032474	·			•
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		13640 North Kendall	Drive # 1094	
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33186		
Enter new mailing address, if applicable:		13640 North Kendall	Drive # 1094	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33186		
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office a	address on our record	s, <u>enter the name of</u>	the new regis
Name of New Registered Agent:	Sylvana Nogueira Bookkeeping & Accounting Support Services		s	
New Registered Office Address:	13640 North K	endall Drive #1016		
		Enter Florida stre	eet address	
	Miami		, Florida <u>33186</u>	
		City	Zi	ip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
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te: If the date insert	er than the date of d, the date must be speci- ted in this block does ate on the Departmen	nc and cannot be prior to not meet the applica	o date of filing or more th ble statutory filing req	(optional) an 90 days after filing.) Pu uirements, this date wil	rsuant to 605.02 I not be listed
cord specifies a dela	syed effective date, bu	it not an effective tin	ne, at 12:01 and on the	e earlier of: (b) The 90	lth day abou st
s filed.				ou (o) 100 30	ou way anter tr
ed July 28		,	r. ///		
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	Signature	of a member or author	ized epresentative of a n	, and	