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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	or Status
Special Instructions to f	Filing Officer.	

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COVER LETTER

	Registration Se Division of Cor					
SUBJEC ⁻		OLUTIONS NETWORK, LLC				
30631.0	1	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	urn all correspo	ondence concerning this matter	to the following:			
		Carlos E Bermudez			_	
			Name of Person		-	
		NCI Consulting Group LL	С			
			Firm/Company		-	
		8350 NW 52nd Terrace St	nite 301			
			Address		_	
		Doral FL 33166				
			City/State and Zip Code		_	
		cbermudez@ncicgllc.com	to be used for future annual report r	odification)		
For furthe	r information c	oncerning this matter, please c		otrication)	2024 FFR 16	= 11
Carlos E	Bermudez		786 5852327 at ()			,
	Name o	f Person	Area Code Day	time Telephone Numbe	P 22	1
Enclosed	is a check for th	he following amount:			77 E 55	
\$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	iling Fee, ate of Status &	

TO:

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 ARTICLES OF ORGANIZATION **OF**

ALPHA SOLUTIONS NETWOR					
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our re liability Company)	<u>cords.</u>)		
The Articles of Organization for this Limited I Florida document number L16000181119				and assig	gned
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the a	bbreviation "L.L	.C."
Enter new principal offices address, if appli	icable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	E BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>er</u>	<u>iter the nan</u>	ne of the new	registere
Name of New Registered Agent:	Manuel Andres	; Vargas	<u> </u>		
New Registered Office Address:	15954 SW 97th	n Terrace		12 P	··
New Registered Office Address.		Enter Florida street ac	ldress	- E	[]
	Miami		, Florida <u>30</u>	3196 5	*
		City		Zip Code	3 [
New Registered Agent's Signature, if changing	Registered Agent:				- 20
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance of my dutie.	s , and I a m_{\downarrow}	familiar with	i and

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>	Address	Type of Action
MGR	VARGAS, FRANK	15954 SW 97TH TERRACE MIAMI, FL 33196	🗀 Add
			■Remove
			Change
M 	VARGAS, JENNY CAROLINA	15954 SW 97TH TERRACE MIAMI, FL 33196	□Add
			Remove
			□Change
MGR	VARGAS, MANUEL ANDRES	15954 SW 97TH TERRACE MIAMI, FL 33196	□Add
			□ Remove
			Change
MGR	VARGAS, VANESSA	15954 SW 97TH TERRACE MIAMI, FL 33196	
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
			——□Add S
			□Remove
			□Change
			□Add
			□Remove
			□ Changa

New Manager of the company	shall be the company member Manuel Andres Vargas
New Manager of the company	shall be the company member Vanessa Vargas
	
	S 20
ing day if out on those the s	late of filing: 02/12/2024 (optional)
ive date, if other than the defective 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 805.0
If the date inserted in this blo nent's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be fisted partment of State's records.
·	
d specifies a delayed effective	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
led.	L CA CA
February 12th	2024
	710
;	Manuel Vargas 1 of . 7, 2024 10 31 EST
	Signature of a member or authorized representative of a member

ALPHA SOLUTIONS NETWORK, LLC Amendment

Final Audit Report 2024-02-12

Created:

2024-02-12

By:

Cartos Bermudez (cebermudezsilva@gmail.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAA-zX5Sr4Q5XvBD8T-qdRLNHe1L5r8fl5B

"ALPHA SOLUTIONS NETWORK, LLC Amendment" History

- Document created by Carlos Bermudez (cebermudezsilva@gmail.com) 2024-02-12 3:23:28 PM GMT- IP address: 108.83.178.57
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- Signer manuelvarg538@gmail.com entered name at signing as Manuel Vargas 2024-02-12 3:31:27 PM GMT- IP address: 23.118.190.104
- Document e-signed by Manuel Vargas (manuelvarg538@gmail.com)
 Signature Date: 2024-02-12 3:31:29 PM GMT Time Source: server- IP address: 23.118.190.104
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