11/10/23, 10:01 AM Division of Corporations

L18000060895

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 : GLOBALFY BUSINESS SERVICES LLC
Account Number : I20160000033
Phone : (866)428-2030
Fax Number : (407)308-0481

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
ALPHACODE IT SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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2023 NOV 10 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

S. ROBERTS
NOV 14 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALPHACODE IT SOLUTIONS, 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:

PATRICIA FERNANDEZ
Name of Person

GLOBALFY, LLC
Firm/Company

7345 W SAND LAKE RD STE
Address

ORLANDO, FL 32819
City/State and Zip Code

DOCS@GLOBALFY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA FERNANDEZ at (866) 4282030
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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
TO
ARTICLES OF ORGANIZATION
OF

ALPHACODE IT SOLUTIONS, 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 03/07/2018 and assigned Florida document number L18000060895.

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City *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

Title	Name	Address	Type of Action
AMBR	De Sousa Franco, Rafael Marcos	Al Brilhante 403, Santana de Parnaiba	☐Add
		SP 06540115 BR	☐Remove
			■Change
AMBR	Pontes, Eduardo	Alameda Perola 140 Alphaville	☐Add
		Aantana de Parnaiba 06540-245 BR	☐Remove
			■Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

PLEASE CHANGE THE ADDRESS OF THE MEMBER DE SOUSA FRANCO, RAFAEL MARCOS

TO THIS NEW ADDRESS: AV COPACABANA 348, AP 82 - 18 DO FORTE EMPRESARIAL - BARUERI - SP - 06472-001 -BRASIL

PLEASE CHANGE THE ADDRESS OF THE MEMBER EDUARDO PONTES TO THIS NEW ADDRESS:

AV MIGUEL FRIAS E VASCONCELOS, 756 AP 34 BLOCO 2 - JAGUARAO - SP - 05345-000 - BRASIL

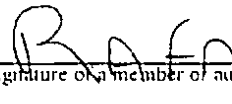
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 NOVEMBER 9TH, 2023



Signature of a member or authorized representative of a member

RAFAEL MARCOS DE SOUSA FRANCO

Typed or printed name of signee

Filing Fee: $25.00