

L18 0000 77956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

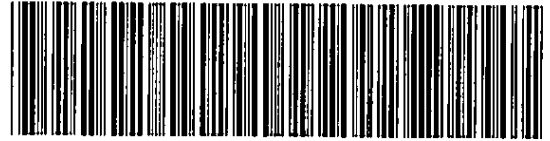
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2020 MAY 19 PM 7:10

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JUN 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

ALPHA STAFFING 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:

Name of Person

LEGIT CONSULTING SERVICES, LLC

Firm/Company

6735 CONROY WINDERMERE RD

Address

ORLANDO, FLORIDA 32835

City/State and Zip Code

BUSINESS@LEGITCS.COM

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

For further information concerning this matter, please call:

FABIANA DE BARROS

407

2852290

31 ()

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**

2020 Mar 19 PM 7:10

ALPHA STAFFING 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 03/27/2018 and assigned
Florida document number L18000077956.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

U.S CONSUMER BUYING SERVICES LLC

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:

6735 CONROY WINDERMERE RD 233

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32835

Enter new mailing address, if applicable:

6735 CONROY WINDERMERE RD 233

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FL 32835

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:

LEGIT CONSULTING SERVICES LLC

New Registered Office Address:

6735 CONROY WINDERMERE RD

Enter Florida street address

ORLANDO

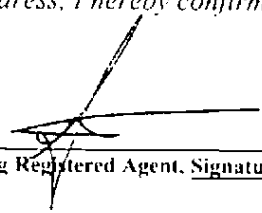
City

Florida 32835

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THIAGO GOMES RECHI	6965 PIAZZA GRANDE AVE	<input type="checkbox"/> Add
		SUITE 206	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
AMBR	SILCHARD M N ALVES	8449 GREENBANK BLVD	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		WINDERMERE, FL 34786	<input type="checkbox"/> Change
AMBR	GUALTER L MALACARNE	8449 GREENBANK BLVD	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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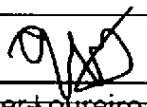
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 MAY, 06 2020



Signature of a member or authorized representative of a member

GUALTER L MALACAARNE

Typed or printed name of signee