## 119000731798

(Red	questor's Name)	
(Add	dress)	···
(Add	fress)	
(City	//State/Zip/Phone	<del>= #)</del>
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(32.	<b>,</b>	,
	cument Number)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	sument Humbery	
Cartified Canina	Contification	of Status
Certified Copies	Certificates	or Status
Special Instructions to F	Filing Officer:	
		:
RA Signat	1110	
LIVI OIGIUI	MIC	

Office Use Only



900380485509

\*255.00 **FILED**\*2022FEB 22 PH 4: 20
\*CRUTANY OF STATE

A. BUTLER MAR 1 - 2022

## **COVER LETTER**

TQ: Registration So Division of Cou			
ALPMA, L	LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter	-	
	Veronica Mor		
		Name of Person	
	Pardo Jackson Gainsburg.	PL	
		Firm/Company	
	100 SE 2nd Street. Suite 2	050	
	-	Address	
	Miami, Florida 33131		
	vmor@pardojackson.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Veronica Mor		305 3581001 at ( )	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	ction
Registration Division of C		Registration Se Division of Cor	porations
P.O. Box 632	27	The Centre of T	Callahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ALPMA, LLC.

(Name of the Limited Liability Company as it now appears on only 400 (A Florida Limited Liability Company)

The Articles of Organization for this Limited L		09/i	SECRETARY OF STATE
	iability Company	y were filed on $\frac{\partial \mathcal{F}_i}{\partial x_i}$	272018MCCAMESASSEF, And assigned
Florida document number L19000231298	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited li <u>at</u>	oility company her	<u>·e</u> :
EV ALP Consulting LLC.			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	Same	
(Principal office address MUST BE A STREE	ET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:		Same	
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	<del></del>	
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre	ess here:	address on our re	cords, enter the name of the new registered
Name of New Registered Agent:	Stevan Pardo		
New Registered Office Address:	100 SE 2nd Str	reet, Suite 2050	
<del></del>		Enter Florid	da street address
	Miami		Florida Florida
		Ciţ	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<del></del>	
			□ Change
			□ Add
			Remove
			Change
		<del></del>	□Add
			□Remove
			Change
		<del></del>	□Add
			□Remove
			□Change
			□Remove
			□Change

		_					
					<del></del>		<del></del>
			<del></del>			<u>-</u>	
					_ <del>_</del>		
		<del></del>			<del>_</del> _		
						<u></u>	
							<del>-</del>
							<u>-</u>
					<del>-</del>		
an effectiv iote: If th	late, if other than the date is listed, the date mue date inserted in this be effective date on the f	ist be specific and lock does not m	cannot be prior to	o date of filing o ble statutory fi	more than 90 days	optional) s after filing.) Pursu s, this date will no	ant to 605.0207 of be listed as
record spe Lis filed.	ecifies a delayed effecti	ve date, but not	an effective tir	ne, at 12:01 a.r	n. on the earlier	of: (b) The 90th	day after the
ated _	January 25	A A	<b>2</b> 22	_ ·			
		Signature of a n	nember or autho	rized representat	ive of a member		

THE TO 055 0





RECEIVED

2022 FEB 22 PH 1: 05

SECRETARY OF STATE TALLAHASSEE, FL

February 8, 2022

VERONICA MOR 100 SE 2ND STREET SUITE 2050 MIAMI, FL 33131

SUBJECT: ALPMA, LLC Ref. Number: L19000231298

We have received your document for ALPMA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 022A00003112

Anissa Butler Regulatory Specialist II

www.sunbiz.org