

To: 1850617-6383

2021-06-07 15:48:41 UTC

WC-3641047

From: you@dreamns.com

6/7/2021

Division of Corporations

((H21000224434 3)))

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 : ISAMAR TORRES
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@youndreamns.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALPHA CLAIMS CONSULTANTS LLC

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TALLAHASSEE, FLORIDA

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1/1

COVER LETTER

(((H21000224434 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: ALPHIA CLAIMS CONSULTANTS 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:

FLAVIO CORREA

Name of Person

Flavio Correa

Firm/Company

3901 NW 79TH AVE #245 #2039

Address

MIAMI, FL 33166

City/State and Zip Code

administrator@alphaclaims.net

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

For further information concerning this matter, please call:

Javier Lopez

786

3198083

at (_____) _____

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H21000224434 3)))

ALPHA CLAIMS CONSULTANTS 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 08/11/2020 and assigned
Florida document number L20000242784.

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:

3901 NW 79TH AVE #245 #2039

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33166

Enter new mailing address, if applicable:

3901 NW 79TH AVE #245 #2039

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33166

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:

Your Dream Multiservices Corp

New Registered Office Address:

8300 Nw 53rd St Suite 350

Enter Florida street address

Miami

Florida

City

33166

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.

Your Dream Multiservices Corp
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF CIRCUIT COURT
MIAMI, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H21000224434 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FLAVIO, CORREA	6661 SW 157 CT	<input type="checkbox"/> Add
		MIAMI, FL 33193	<input checked="" type="checkbox"/> Remove
		19101 MYSTIC POINTE DR APT 201	<input type="checkbox"/> Change
MGR	SAMANTA, ALIBAYOF	MIAMI, FL 33180	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 JUNE 07, 2021

Flavio Correa

Signature of a member or authorized representative of a member

FLAVIO CORREA

Typed or printed name of signee

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DEPT. OF STATE
TALLAHASSEE FLORIDA

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Filing Fee: \$25.00