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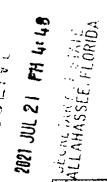
Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : I20080000061 : (407)582-9830 : (407)601-6393 Fax Number

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DACOSTA CONSTRUCTION SERVICES, LLC



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Help



COVER LETTER

	ration Sec on of Corp						
		CONSTRUCTION SERVICE	S, LLC				
SUBJECT: Name of Limited Liability Company			<u> </u>	<u> </u>			
The enclosed As	rticles of A	mendment and fee(s) are subr	mitted for filing				2021 SE TAL
Please return all	l correspon	dence concerning this matter t	to the following	:			2021 JUL 21 F
		MARIA PINHEIRO					
			Name of f	'crson			
		ALPHA BUSINESS CONS	SULTING, LLC	2			PH 4: 37
Firm/Company			77				
6412 W COLONIAL DR							
			Addre	88			⊶
		ORLANDO, FL 32818					
			City/State and	Zip Code			•
		pinheiromaria@att.net					
		E-muil uddress: (1		ure annual re	port notification	on) 	
For further info	rmation co	neerning this matter, please co	ali:				
MARIA PINHI	EIRO		407 al (582-)	9830		
	Name of	Person		Code	Daytime Tele	phone Numbe	r
Enclosed is a cl	heck for th	e following amount:					
□ \$25.00 Fili	ing Fee	S30.00 Filing Fee & Certificate of Status	Certific			Certific	ate of Status &
Regis Divis P.O.	ng Address stration S sion of C Box 632 shassee, F	ection orporations 7		Division The Cen 2415 N.	tion Section of Corpora tre of Talla	ations hassee reet, Suite	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DACOSTA CONSTRUCTION SERVICES, LLC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Limbility Company)
The Articles of Organization for this Limited Liability Completion of Plorida document number [21000183112]	
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 ADDRES	<u>SS</u>)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
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 A	gent:
provisions of all statutes relative to the proper and com	d agree to act in this capacity. I further agree to comply with the splete performance of my duties, and I am familiar with and state as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability
	If Changing Registered Agent Signiture 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>	Name	Address	Type of Action
CEO	Marcela D Singolani da Costa	5324 Millenia Blvd apt i 1306	
		Orlando, Fl 32839	□ Remove
			⊟ Change
MGR	Douglas da Costa	5324 Millenia Blvd apt 11306	
		Orlando, Fl 32839	□Remove
			■Change
			□Remove
			Change
			□ Remove
			Change
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fective date, if other than the date of filing: _		(opt	ional)	
in effective date is listed, the date must be specific and can ace: If the date inserted in this block does not meet	anot be prior to date of filing to the applicable statutory	g or more than 90 days allo filing requirements, th	ir Illing.) Pursua iis date will no	nt to 605.0 it be listed
cument's effective date on the Department of State	e's records.			
ecord specifies a delayed effective date, but not an	effective time, at 12:01	a,m. on the earlier of: (b) The 90th	day after t
is filed.	·		•	
ated July 20 2	2021			
	15th Un			
Signature of a from	nfor or authorized represen	tutive of a member		
		į		
Marcola D Singolani da Costa	_			<u> </u>
Tv	ped or printed name of sig	ncc		

Filing Fee: \$25.00