https://efile.sunblz.org/scrlpts/efilcovr.exe

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21-09-28 15:47	Alpha	4076016393 >> 850-6	17-6381	P 2/5
	C	OVER LETTER		
TO: Registration See Division of Corp				
VALL SER	VICES USA, LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		*
	MARIA PINHEIRO			
		Name of Person		
	ALPHA BUSINESS CONS	BULTING, LLC		
		Firm/Company		_
	6412 W COLONIAL DR			
		Address		
	ORLANDO, FL 32818			
	pinhciromaria@att.net	City/State and Zip Code		
	E-mail address: (t	a be used for future annual report no	tilication)	-
For further information of	concerning this matter, please co	all:		
MARIA PINHEIRO		407 582-9830 at (		
Name o	f Person	Area Code Dayti	me Telephone Nu	mber
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cen Cen	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Muiling Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations Tallahassee	
Tallahassee,	FL 32314	2415 N. Moni Tallahassee, F		iie otu

1-09-28 15:47	Alpha 4076016	<b>393 &gt;&gt; 8</b> 50-617	-6	381		P 3/5
	ARTICLES OF A TO ARTICLES OF O O	O RGANIZATIO		:	SECRÉTAR TALLAHASS	2021 SEP 28 PF
VALL SER	VICES USA, LLC	_	1			
	(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on hability Company)	our!	records)	FLORI	± C
The Articles of Organizat	ion for this Limited Liability Company		1 1	1	and groß	<del></del> ncd
This amendment is submi	tted to amend the following:					
A. If amending name, e	nter the new name of the limited liab	ility company here:	A COLUMN TO A SECURITY OF			
The new name must be disting	uishable and contain the words "Limited Liabil	ity Company," the design	atio	"LLC" or the a	bbreviation "L.L.	C."
Enter new principal offi	ces address, if applicable:	6412 W COLONIA	71	<u>'</u>		<u>.</u>
(Principal office address	MUST BE A STREET ADDRESS)	ORLANDO, FL 328	18		:	
P						
Enter new mailing addr	• •		1		<u>.                                      </u>	
(Mailing address MAY b	BE A POST OFFICE BOX)					
B. If amending the regi	stered agent and/or registered office a gistered office address here;	address on our reco	ģs,	enter the nar	ne of the new	registered
Name of New R	legistered Agent;				<u> </u>	
New Registered	Office Address:		-			
		Enter Florida .	iveel	uddress , Florida _		
		City		<u></u>	Zip Code	
New Registered Agent's S	Signature, if changing Registered Agent:	•				
provisions of all statute accept the obligations of being filed to merely re	ointment as registered agent and agr is relative to the proper and complete of my position as registered agent as flect a change in the registered office fied in writing of this change.	performance of my provided for in Cha	dut pter	ies, and I am 605, F.S. Oi	ifamiliar with r, if this docum	and nent is
	(f Cha	nging Registered Agent.	Sign	inture of New R	legistered Agent	<del></del>
				}		

2021-09-28 15:47	Alpha 4076016393 >> 850-617-6381	P 4/5
If amending Authorized Person(s) auth or removed from our records:	orized to manage, enter the title, name, and address of e	ach person being added
MGR = Manager AMBR = Authorized Member		
<u>Title</u> <u>Name</u>	Address	Type of Action
		□Add
		☐ ☐ ☐ Remove
,		☐ ☐ Change
		□Add
		Remove
		Change
		□Add
		□ Remove
		Change
		□∧dd
		□Remove
		Change
		□Add
		☐Remove
		□ Change
		□Add
		□Remove
		Change

If amending any other information, enter ch	lange(s) here: (Allach ada		3347 7
NONE			
			<del></del>
		(00)	tional)
Effective date, if other than the date of filir (If an effective date is listed, the date must be specific at Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory State's records.	or more than 90 days after filing requirements, th	er filing.) Pursuant to 605.0207 (3 his date will not be listed as th
f the record specifies a delayed effective date, but ne ecord is filed.	ot an effective time, at 12:01	a.m. on the earlier of:	(b) The 90th day after the
Dated September 28	2021		2021 SEP 28 SECKE JARY FALLAHASSEE
Claratura of	a member or authorized represen	ntative of a member	P 28 PM
	a member of agriculture		10 P
VIVIAN DE FOLCO ALBIERO	Typed or printed name of sig	ence ii ii	
	types of printes name of sig		PM 1: 08  OF STATE FLORIDA
		# 1	