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To:

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From:

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ALPHA SYNDICATE LLC

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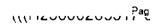
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COVER LETTER

TO: Registration S Division of Co				
CERTECT.	ALPHA SY	NDICATE LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	unitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249 STE 220			
		Address		
	HOUSTON, TX 77064			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report ac	ontication)	
For further information	concerning this matter, please c	all:		
LOVETTE DOBSON		888-462-3453 81 ()		
Name	of Person	Area Code Dayti	me 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		Street Address: Registration S	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			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

ALPHA SYN	DICATE LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on03/31/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	No. Company School School and LCS and the	According to the State of the S
-	415 E Pine St. Unit # 1221	poreviation (L.E.C.
Enter new principal offices address, if applicable:	Orlando, FL 32801	
(Principal office address MUST BE A STREET ADDRESS)		-
Enter new mailing address, if applicable:	415 E Pine St. Unit # 1221	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32801	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	; '	23 J
New Registered Office Address:		49 T
New Registered Office Address.	Enter Florida street address	
	Florida	
	City :	TZip C No.
New Registered Agent's Signature, if changing Registered Agent:		;‴: ഗ
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or,	familiar with and if this document is
If Chai	nging Registered Agent, Signature of New Re	gistered 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: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shadat Bhuiyan	415 E Pine St. Unit # 1221	
		Orlando, FL 32801	□Remove
			■ Change
			□ Add
			□Remove
			□Add
			□Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			Nadd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

D. If amending any other info	ormation, enter change(s) here: Attach additional sheets, i	f necessary, i
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		400
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 (b) an effective date is listed, the date <u>Note:</u> (1) the date inverted in the 	n the date of filing: ic must be specific and cannot be prior to date of filing or more than 90 day his block does not meet the applicable statutory filing requirement the Department of State's records.	2 and mind) khizhantao ons afa . Ost
if the record specifies a delayed eff record is filed	fective date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Onted July 28th	2023	
	Signature of a member or authorized representatife of a member	• • • • • • • • • • • • • • • • • • • •
	Shadat Bhuiyan	
	Typed or printed name of signee	<u>,</u>

Filing Fee: \$25.00