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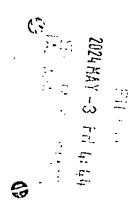
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## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE	ALCP LLC				
		Name of Lim	ited Liability Company		
The enc	closed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please 1	return all correspo	ndence concerning this matter	to the following:		
		ELIWAR DECARVALHO	0		
			Name of Person		
		ERC CONSULTING INC			
			Firm/Company		
4701 N FEDERAL HWY, SUITE 470					
			Address		
		POMPANO BEACH, FL			
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report notif	ication)	
For furt	her information co	oncerning this matter, please co	all:		
ANDRE L. CARNIATTO PESCO			+1 407-999-647	4	
	Name of	Person		e Telephone Number	
Enclose	d is a check for th	e following amount:			
<b>≡</b> \$25	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our reco- lorida Limited Liability Company)	rds.)
lity Company were filed on 07/11/2023	and assigned
ng:	
e limited liability company here:	
"Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
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stered office address on our records, <u>ente</u> ere:	er the same of the new regist
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Enter Florida street add	PSS
City:	Florida Zip Code
	e limited liability company here:  "Limited Liability Company," the designation "Lle:  DDRESS)  Stered office address on our records, enterere:  Enter Florida street address.

## 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 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
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reffective date is listed, the date must te: If the date inserted in this blo	he specific and car			nore than 90 days a	ifter filing.) Pursuan	
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cord specifies a delayed effective s filed.	date, but not an	effective time	c, at 12:01 a.m.	on the earlier of	(b) The 90th d	ay after the
APRIL. 24TH		2024				
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	signature of a men					
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