Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : 1850)617-6383

From:

Account Name : WEEXY SOLUTIONS LLC Account Number : I2024800023 Phone : (407)818-3682 Fax Number : (409)284-6621

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALFA SALES AND SERVICES LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

To:+18506176383

COVER LETTER

TO: Registration Sec Division of Corp			4.	2
	S AND SERVICES LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	smendment and fec(s) are sub	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	JESSICA DIRINGER			
		Name of Person		
	WEEXY ACCOUNTING			
		Firm/Company		
	1878 THETFORD CIR			
		Address		
	ORLANDO FL 32824			
		City/State and Zip Code		
	info@weexyaccounting.co	om to be used for future annual	t-actification	
To Goden in Francisco			report normation)	
For further information co	ncerning this matter, please c	au:		
JESSICA DIRINGER		407 81 at ()	8 3682	
Name of	Person	Area Code	Daytime Teleph	none Number
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>i</u>	Street A	.ddress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

■5 of 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: +14092046621 (Weexy Solutions)

ALEA SALES AND SERVICES LLC

(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records,)
The Articles of Organization for this Limited I	Liability Company were filed on 08/	29/2023 and assigned
This amendment is submitted to amend the fol	llowing:	
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.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	33333
Enter new mailing address, if applicable:		2024 HAY
(Mailing address MAY BE A POST OFFICE	<u></u>	
		ecords, enter the name of the new registered
Name of New Registered Agent:	WEEXY ACCOUNTING	
New Registered Office Address:	1878 thetford cir	
	Enter Flor	ida street address
	orlando	Florida 32824
	Ciņ	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.

JESSICA DIRINGER

If Changing Registered Agent, Signature of New Registered Agent

To: +18506176383

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
MGR	KARLA BARBA SILVEIRA	Rua Prof Ione Toledo Garcia Lopes 1500, casa	
		Atibaia- SP , Brazil	_
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change

From: +14092046621 (Weexy Solutions)

3

Effective date, if other than the date of filing:			(Attach additional sheets, if necess	
If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. 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 ord is filed. Dated May 6 Signature of a member of attinoard representative of a member				
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