

Florida Department of State
 Division of Corporations
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L23000424586

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : EXPAT CONSULTING CORP.
 Account Number : I20190000096
 Phone : (407)745-1112
 Fax Number : (407)641-8083

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

Email Address: SILVIA@EXPATCONSULTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALFT LTDA LLC

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 TALLAHASSEE, FLORIDA

2/28/23
 4:15 PM '23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPT LTDA LLC

(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/12/2023 and assigned Florida document number L23000424586

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FT2 INVESTMENTS LLC

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: EXPAT CONSULTING CORP
New Registered Office Address: 8615 COMMODITY CIRCLE, ST 11
ORLANDO, Florida 32819

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 Changing Registered Agent, Signature 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EDUARDO N. TEIXEIRA	3503 SOMERSET CIR	<input type="checkbox"/> Add
		KISSIMMEE - FL - 34746	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CRISTIANE FREIRE XIMENES TEIXEIRA	3503 SOMERSET CIR	<input checked="" type="checkbox"/> Add
		KISSIMMEE - FL - 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LARA FREIRE TEIXEIRA	3503 SOMERSET CIR	<input type="checkbox"/> Add
		KISSIMMEE - FL - 34746	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

