

L23000442334
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ALPHA BUSINESS CONSULTING, LLC
Account Number : I20080000061
Phone : (407)582-9830
Fax Number : (407)601-6393

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BD SOLUTIONS & SERVICES, LLC

Certificate of Status	0
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Page Count	01
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RECEIVED
OCT 25 PM 12:29
DIVISION OF CORPORATIONS
FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: BD SOLUTIONS & SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA D PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTING, LLC

Firm/Company

6412 W COLONIAL DR

Address

ORLANDO, FL 32818

City/State and Zip Code

pinheiro maria@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA D PINHEIRO

at (407) 582-9830
Area Code Daytime 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)
- \$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. Monroc Street, Suite 810
Tallahassee, FL 32303

Alpha 4076016393 >> 850-617-6381
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BD SOLUTIONS & SERVICES, 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 09/22/2023 and assigned
Florida document number L23000442334.

This amendment is submitted to amend the following:

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

DANIEL MACHADO AGUIAR, 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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

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.

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 to be added, changed,~~
or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

