L23000509274

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PICK-UP WAIT MAIL				
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11/27/28--01028--008 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

	h Staffing Svcs LLC		
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Estela Cachoua		
		Name of Person	
	Alpha-Tech Staffing Sves	LLC	
Firm/Company			
	951 NW 68th Ave Ste 224		
		Address	
	Miami, Fl 33126		~;
		City/State and Zip Code	
	estela.cachoua@gmail.com		
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
Estela Cachoua		305 4406569 at ()	
Name of Person		Area Code Daytime Telephone Numb	per
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal 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

Alpha-Tech Staffing Sves LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>is.</u>)
he Articles of Organization for this Limited Liability Clorida document number L23000509274		
	<u>—</u> ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
ne new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
-		٠.,
		,
If amending the registered agent and/or registered	d office address on our records, <u>enter</u>	the name of the new registe
ent and/or the new registered office address here:		:
		•
Name of New Registered Agent:		·
New Registered Office Address:		
-	Enter Florida street addres	s
		orida
 :	City	Zin 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 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
AMBR	German Macedo	6727 Hollis Avenue	□ Add
		Dallas, Tx 75227	
			≡ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			
			Remove
			☐ Change
· · · · · · · · · · · · · · · · · · ·			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. Dated November 17th 2023 Signature of a member or authorized representative of a member Estela Cachoua Typed or printed name of signee

Filing Fee: \$25.00