P17000099183

| | (Requestor's Name) | | | |
|-----------------------------------------|-------------------------|----------|--|--|
| | (Address) | | | |
| | (Address) | | | |
| | (City/State/Zip/Phone # |) | | |
| PICK-UI | P WAIT | MAIL | | |
| | (Business Entity Name |) | | |
| | (Document Number) | | | |
| Certified Copies | Certificates o | f Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2023 SEP - | PM |: 44 SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: A&L GLOBAL SC | DLUTIONS CORP | |
|-------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| DOCUMENT NUMI | P17000000183 | · · · · · · · · · · · · · · · · · · · | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | ALICIA FLORES | | |
| | | Name of Contact Person | 1 |
| | A&L GLOBAL SOLUTION | S CORP | |
| | | Firm/ Company | |
| | 2350 PHILLIPS RD APT 91 | 06 | |
| | | Address | _ |
| | TALLAHASSEE, FL 32308 | | |
| | | City/ State and Zip Code | e |
| | ALICIAFLORES2105@GM. | AIL.COM | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| ALICIA FLORES | | at (<u>786</u> | 608-9787 |
| Name | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Depa | artment of State: |
| \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame Divi P.O. | ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314 | Amend Division The Co 2415 N | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303 |

Articles of Amendment to Articles of Incorporation of

FILED

A&L GLOBAL SOLUTIONS CORP

2023 SEP - 1 PM 1.

| A&F OFORME SOFO HOUS CORE | | | 1013 254 -1 bull | : 44 |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|-----------------------------|---------------|
| (Name | of Corporation as current | ly filed with the Florida | Dont of State) | |
| P17000099183 | | | TALLAHASSEE | ATE |
| | (Document Number of | of Corporation (if known) |) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this | Florida Profit Corporat | ion adopts the following at | mendment(s) t |
| A. If amending name, enter the new n | ame of the corporation: | | | |
| | | | | he new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association," | Corp." "Inc." or "Co". | A professional corporat | | |
| B. Enter new principal office address, | if applicable: | | | |
| (Principal office address <u>MUST BE A S</u> | | | | |
| | | | | |
| | | **** | | |
| C. Enter new mailing address, if appl | licable: | | | |
| (Mailing address MAY BE A POST | | | | |
| | | | | |
| | | | | |
| | | | | |
| D. If amending the registered agent ar | nd/or registered office add | <u>lress in Florida, enter th</u> | ie name of the | |
| new registered agent and/or the ne | | s: | | |
| Name of New Registered Agent | Alian | Hones | | |
| | | | | |
| | tFlorida si | reet address) | | |
| | 2350 PHILLIPS RD APT | | 32308 | |
| New Registered Office Address: | | (City) | , Florida(Zip Cod | <u></u> |
| | | iciti | (ΣΙΡ Cθα | t· <i>)</i> |
| | | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | hanging Registered Agen tered agent. I am familiar | t: with and accept the oblig | gations of the position. | |
| | | | | |
| | Alexander Mar | esce House | | |
| · | Signature of New I | Registered Agent, if chang | ging | |
| Check if applicable | | | | |
| Surem is applicable | | | | |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X_Change | <u>PT</u> | <u>John Do</u> | <u>e</u> | |
|----------------------------|---------------|----------------|-------------|---------|
| X Remove | <u>V</u> | Mike Jos | nes | |
| X Add | <u>sv</u> | Sally Sn | <u>uith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove 3) Change | | <u> </u> | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | - | | | |
| Remove | | | | |

| | dditional sheets, if necessar | Articles, enter change(y). (Be specific) | | | |
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| | endment provides for an e | evehanne roelassificati | on ar cancellation of ic | enad charac | |
| lf an am | one for implementing the | amendment if not cont | ained in the amendment | t itself: | |
| <u>lf an an</u> provisi | ons for inicicing name a tice a |) | <u></u> | <u> </u> | |
| provisi | not applicable, indicate N/A | | | | |
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| provisi (if | not applicable, indicate N/A | | | | |

| The date of each amendment(s) late this document was signed. | adoption: | , if other than the |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Effective date <u>if applicable</u> : | | |
| <u>n appreame</u> . | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the | block does not meet the applicable statutory filing requirements Department of State's records. | , this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of directors without shareho | lder action and shareholder |
| ■ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the ame sufficient for approval. | ndment(s) |
| must be separately provided f | approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment set for the amendment(s) was/were sufficient for approval | |
| | | |
| by | (voting group) | |
| (By a selec | director, president or other officer – if directors or officers have n ted, by an incorporator – if in the hands of a receiver, trustee, or of | ot been her court |
| арро | inted fiduciary by that fiduciary) | |
| | ALICIA FLORES | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |