

To:

Page 1 of 7

2023-10-31 14:05:28 GMT

10176046519

From: RUBEM SOUZA

21/08/2023, 12:32

P 23000042531

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1123000289527 3))



H230002495273ABCE

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 : (850)617-6388

From:

Account Name : MEDEIROS SOUZA CORP
Account Number : 120190000068
Phone : (407)326-8484
Fax Number : (407)604-6519

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

Email Address: CONTACT@MEDEIROSSOUZA.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN
BMD ALPHA SERVICES CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

2023 OCT 31 PM 4:51

2023 OCT 31 PM 12:40

FILED
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

R. HUNT

10/31/23

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BMD ALPHA SERVICES CORP

DOCUMENT NUMBER: P23000042531

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rubem Souza

Name of Contact Person

MEDEIROS SOUZA CORP

Firm's Company

1711 Amazing Way, Ste 213

Address

Ocoee, FL 34761

City/ State and Zip Code

contact@medeirosouza.com

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

2023 OCT 31 PM 12:40
 DIVISION OF CORPORATIONS
 FLORIDA DEPARTMENT OF STATE

For further information concerning this matter, please call:

Rubem Souza

at (407) 326-8484

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

BMD ALPIA SERVICES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P23000042531

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

MEDEIROS SOUZA CORP

1711 Amazing Way, Ste 213

(Florida street address)

New Registered Office Address:

Ocoee

(City)

Florida 34761

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

Check if applicable

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

2023 OCT 31 PM 12:40

DIVISION OF CORPORATE SERVICES

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)

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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	VP	Medeiros De Oliveira, Rangel Nunes	4432 Summer Flowers Place
<input type="checkbox"/> Add			KISSIMMEE, FL 34746
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	P	Medeiros De Oliveira, Natalia Gomes A	4432 Summer Flowers Place
<input type="checkbox"/> Add			KISSIMMEE, FL 34746
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

2023 OCT 31 PM 12:40

STATE OF FLORIDA
DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.


Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated 10/30/2023 _____

Signature  _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Rubem Souza LL.M

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)

2023 OCT 31 PM 12:40

DEPT. OF STATE
DIVISION OF CORPORATE AFFAIRS