

10/27/23, 3:41 PM

Division of Corporations

P23600042531

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MEDEIROS SOUZA CORP
Account Number : I20190000068
Phone : (407)326-8484
Fax Number : (407)604-6519

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2023 OCT 27 AM 11:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

****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
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Estimated Charge	\$43.75

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Help

J. BERNARD

OCT 30 2023

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/ Company
1711 Amazing Way, Ste 213
Address
Geece, FL 34761
City/ State and Zip Code
contact@medeirosouza.com
E-mail address: (to be used for future annual report notification)

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 ALPHA 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, Florida 34761
(City) (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.

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2023 OCT 27 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Medeiros De Oliveira, Rangel Nunes	4432 SUMMER FLOWERS PLAC KISSIMMEE, FL 34746
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	P	Medeiros de Oliveira, Natalia Gomes	4432 SUMMER FLOWERS PLAC KISSIMMEE, FL 34746
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			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

[illegible]

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 10/27/2023

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)