

HO4000034691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

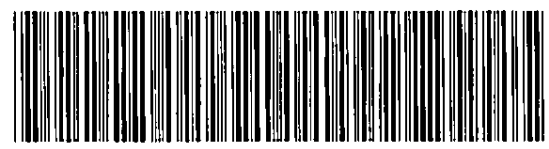
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700329762617

APPROVED
AND
FILED
2019 MAY 21 PM 2:36
TALLAHASSEE, FLORIDA

05/21/19--01003--010 **30.00

RECEIVED
19 MAY 21 PM 2:03
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

ROBERT E. BONE JR. P.A.
ATTORNEY AT LAW

918 W. Main Street
Leesburg, Florida 34748
Phone 352-315-0051
Fax. 352-326-0049

VIA FEDEX TRACKING NO. 7752 1696 7187

May 14, 2019

Nolan Process Servers, LLC
7498 Anglewood Lane
Tallahassee, FL 32309

Amendment Division
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**RE: COMELCO SERVICES, LLC
ARTICLES OF AMENDMENT**

APPROVED
AND
FILED
2019 MAY 21 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madame:

Please find attached for rush process with the Amendment Division of the Florida Department of State, Division of Corporations the following:

1. Original Signed Articles of Amendment to Articles of Organization of COMELCO SERVICES, LLC;
2. Check to the Secretary of State in the amount of \$30.00 for Filing Fee & Certificate of Status; and
3. Check to Nolan Process Servers in the amount of \$58.75 (\$50.00 for rushed same day service + \$8.75 for Secretary of State Fee).

Please process the Articles of Amendment immediately upon receipt. If you have any questions or concerns, please do not hesitate to contact me.

Thank you,


Robert E. Bone, Jr.

RHB/jam

Enclosures: As noted

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COMELCO 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 MAY 6, 2004 and assigned Florida document number L04000034691.

This amendment is submitted to amend the following:

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

D'NOVO SERVICES, 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)

APPROVED
AND
FILED
2004 MAY 21 PM 2:36
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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:

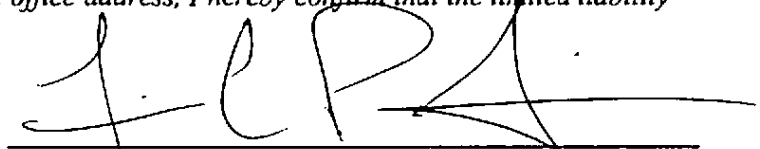
Name of New Registered Agent: LUIS RODRIGUEZ

New Registered Office Address: 125 SWOOPE AVE., SUITE 104
Enter Florida street address

MAITLAND, Florida 32751
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 being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUIS RODRIGUEZ	2910 GRAYTON ST., DELTONA, FL. 32738	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ANDREW CARPENTER	721 CLOVER LEAF BLVD. DELTONA, FL. 32725	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	JESSE GONZALEZ	125 SWOPE AVE. SUITE 104 MAITLAND, FLORIDA 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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 DELTA COUNTY CLERK
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2019 MAY 21 PM 2:36
DEPT. OF STATE
RECORDS SECTION

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AND
FILED

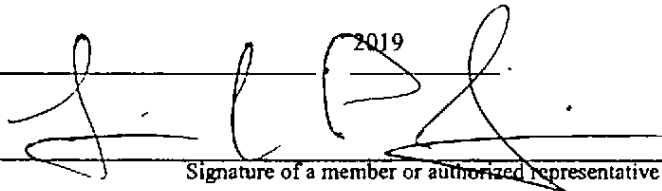
E. Effective date, if other than the date of filing: _____ (optional)

(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 MAY 14



Signature of a member or authorized representative of a member

LUIS RODRIGUEZ

Typed or printed name of signee