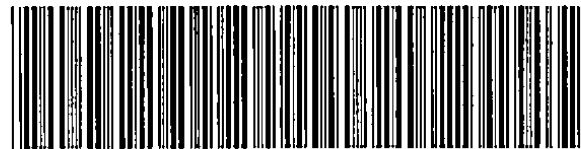


L04000034691



600331385576

(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

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JUL 18 2019
S. YOUNG

FILED
19 JUL -8 PM 7:07
COMPTROLLER OF STATE
TALLAHASSEE, FLORIDA

125 Swoope Ave, Suite 104
Maitland, FL 32751
407-326-8052

D'Novo Services, LLC

To: Florida Department of State

From: Luis Rodriguez

Fax:

Pages: 9 5

Phone:

Date: 6/20/19

Re: D'NOVO Services, LLC
Article of Amendment

cc:

Urgent For Review Please Comment Please Reply Please Recycle

Dear Sir or Madame,

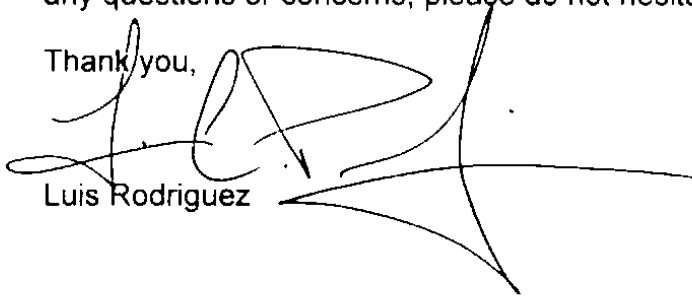
Please find attached for rush process with the Amendment Division of the Florida Department of State, Division of Corporations the followings:

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

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,

Luis Rodriguez



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D'NOVO SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS C. RODRIGUEZ-RIVERA

Name of Person

D'NOVO SERVICE, LLC

Firm/Company

125 SWOOPE AVE, SUITE 104

Address

MAITLAND, FL 32751

City/State and Zip Code

LUIS@COMELCOSERVICES.COM

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

For further information concerning this matter, please call:

LUIS C. RODRIGUEZ-RIVERA

407

310-7140

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

D.NOVO 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 JUNE 20, 2019 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:

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)

FILED
19 JUL -8 PM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

JESSE GONZALEZ

New Registered Office Address:

Enter Florida street address

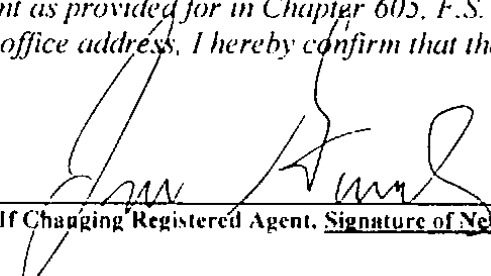
Florida

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	JESSE GONZALEZ	125 SWOOPE AVE. SUITE 104 MAITLAND, FL 32751	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	LUIS RODRIGUEZ	2910 GRAYTON ST. DELTONA, FL 32738	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ANDREW CARPENTER	721 CLOVERLEAF BLVD. DELTONA, FL 32725	<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

