

218000075015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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APR 16 2018

TO: FL Department of State Division of Corporations

FROM: DAVID YULAN

DY Global Services

1721 N 52ND AVE

Hollywood, FL 33021

#L18000075015

This is in regard to change the name of the company and to add authorized members as written on the form attached.

If you have any questions please call

305 206 3698

OR

DAVIDYULAN11@yahoo.com

Thank you

DAVID 

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DY GLOBAL 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:

DAVID YULAN

\_\_\_\_\_  
Name of Person

DY GLOBAL SERVICES LLC

\_\_\_\_\_  
Firm/Company

1721 N 52ND AVE

\_\_\_\_\_  
Address

HOLLYWOOD FL 33021

\_\_\_\_\_  
City/State and Zip Code

DAVIDYULAN11@YAHOO.COM

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

For further information concerning this matter, please call:

DAVID YULAN

305 2063698  
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**

DY GLOBAL 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 3/22/2018 and assigned  
Florida document number L18000075015.

This amendment is submitted to amend the following:

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

BBQ CLEANING 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:**

1721 N 52ND AVE HOLLYWOOD FL 33021

**(Principal office address MUST BE A STREET ADDRESS)**

**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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>                   |
|--------------|----------------------|----------------------|---|
| MGR          | NELSON MARTINEZ      | 4499 SW 37 TH AVE    | <input checked="" type="checkbox"/> Add |
|              |                      | DANIA, FL 33312      | <input type="checkbox"/> Remove         |
|              |                      |                      | <input type="checkbox"/> Change         |
| AMBR         | MAXIMILIANO CESPEDES | 727 BRONX RIVER ROAD | <input checked="" type="checkbox"/> Add |
|              |                      | BRONXVILLE NY 10708  | <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         |
|              |                      |                      | <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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 4/3/2018, \_\_\_\_\_.

David Yulan

Signature of a member or authorized representative of a member

DAVID YULAN

Typed or printed name of signee

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