## L19000174650

(Re	questor's Name)	
(Ad-	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	}
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## **COVER LETTER**

	ation Section 1 of Corporations	:	7	
SUBJECT:	. Dacole	Consultin	g Services LLC ited Liability Company	
SUBJECT:	100	Name of Lim	ited Liability Company	
The enclosed Art	icles of Amendme	ent and fee(s) are sub	mitted for filing.	
Please return all o	correspondence co	oncerning this matter	to the following:	
		Alan	Robins Name of Person	<del></del>
	···		Firm/Company	
		4479 Po	inciana Street	·
	<u>La</u>	uderdale 1 ythe seagu E-mail address: (	Sythe Sea, Florid City/State and Zip Code Ty e) gmail. Com to be used for future annual report not	da 33308  (fication)
For further inform	nation concerning	this matter, please ca	all:	
Alan	Rubins Name of Person		at ( <u>954</u> ) <u>229-</u> Area Code Daytime	3 03 5 c Telephone Number
Enclosed is a che	ck for the following	ng amount:		
<b> \$</b> \$25.00 Filing		.00 Filing Fee & ertificate 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)
Registi Divisio	Address: ration Section on of Corporati ox 6327	ons	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Da cale Consulting Service	25 LLC 2320. 26 FT 3:57
Dacole Consuiting Service (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>∠19000174650</u> .	were filed on $\frac{50/y \cdot 5, 2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
Compeare Consulting Solutions The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4479 Poinciana Street Lauderdate by The Sea, Florida 33308
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same a above
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent: Sam	e
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.

Arti	cle 111	<u> </u>	<del></del>			,
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etive date life	ther than the date	of filing:			(optional)	
effective date is li-	ther than the date sted, the date must be specified in this block do	ecitic and cannot be a	orior to date of filing	or more than 90	days after filing.	Pursuant to 605.02 will not be listed:
<u>e:                                     </u>	e date on the Departm	ient of State's reco	ords.	mig requirer	nems, and date	
	delayed effective date.	but not an effecti	ve time, at 12:01 a.	.m. on the ear	lier of: (b) Th	e 90th day after th
filed.						
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	/	Men	authorized representa			
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