

M090000004461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

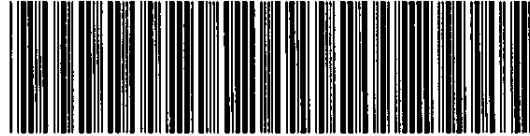
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
15 AUG -7 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 10 2015
S. YOUNG



ACUMEN
SOLUTIONS GROUP

August 4, 2015

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Registrations Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: D & A Services, LLC Amendment Filing for Document Number M09000004461

To Whom It May Concern:

On behalf of our client, D & A Services, LLC we are submitting the enclosed documents:

1. Completed Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida;
2. Check for \$25.00 payable to the Florida Department of State

If you have questions, please contact us via email to licensing@acumensolutionsgroupllc.com or call (631) 719-5509. Please return any correspondence related to this submission to Acumen Solutions Group at the address below.

Sincerely,

Licensing Team
Acumen Solutions Group

Enclosure

FILED
AUG 11 2015
11:53 AM
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & A Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Manno
Name of Person

Acumen Solutions Group
Firm/Company

600 Broadhollow Road, Suite G2
Address

Melville, NY 11747
City/State and Zip Code

licensing@acumensolutionsgroupllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Manno at (631) 719-5509
Name of Person Area Code & Daytime Telephone Number

FILED
15 AUG -7 PM 5:28
TALLHASSEE, FLORIDA

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

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: D & A Services, LLC
2. The Florida document number of this limited liability company is: M09000004461
3. Jurisdiction of its organization: Illinois
4. Date authorized to do business in Florida: 11/12/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. 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

_____, **Florida**

City

Zip Code

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NOV 15 2009
5-7 PM
STATE
TALLAHASSEE

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

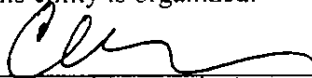
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Changes to authorized persons

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>Alfred Dynia</u>	<u>1400 E Touhy Avenue Suite G2</u>	<input type="checkbox"/> Add
		<u>1400 E Touhy Avenue Suite G2</u>	<input checked="" type="checkbox"/> Remove
<u>President & COO</u>	<u>Anthony Crews</u>	<u>1400 E Touhy Avenue Suite G2</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Managing Director</u>	<u>David Carr</u>	<u>1400 E Touhy Avenue Suite G2</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Christine Manno, Acumen Solutions Group - Licensing Team

Typed or printed name of signee

FILED
15
43 - 7
PM 5:38

Filing Fee: \$25.00