L04000034691

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600335942476

10/29/19--U1026--U04 **25.00

SECRETARY OF STATE TALL

Y SULK=R 1:07 1 0 2010

COVER LETTER

	gistration Sec vision of Corp			
eren rezer		RVICES, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		LUIS C. RODRIGUEZ		
			Name of Person	
		D'NOVO SERVICE, LLC		
			Firm/Company	
		125 SWOOPE AVE, SUIT	ΓE 104	
			Address	
		MAITLAND, FL 32751		
			City/State and Zip Code	
		LUIS@DNOVOSERVICES		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	all:	
LUIS C. R	ODRIGUEZ		407 310-7140 at ()	
	Name of	Person		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

TO:

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 Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on MAY 6, 2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	125 S SWOOPE AVE., STE 104
(Principal office address MUST BE A STREET ADDRESS)	MAITLAND, FL 32751
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	125 S SWOOPE AVE STE 104 MAITLAND, FL 32751
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	fice address on our records, enter the name of the
	, 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>	Address	Type of Action
AMBR	JESSE GONZALEZ	125 S SWOOPE AVE. STE 104 MAITLAND, FL 32751	Add
			■ Remove
			☐ Change
	·····		Add
		□ Remove	
			Change
		Add	
			Remove
			Change
		□ Add	
			Remove
		Change	
			
		☐ Remove	
		Change	
			Add
			□ Remove
			□ Change

'D. If a'm€	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
-	
-	
_	
-	
.	
_	
_	
-	
-	
-	
-	
-	
-	
(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	OCTOBER 28 2019
	Signature of a member or authorized representative of a member
	Luis C. Rodriguez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00