

LD6006105384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

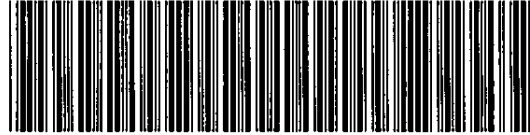
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800271096958

03/30/15--01035--015 \*\*25.00

FILED  
2015 MAR 30 AM 11:36  
CLERK OF STATE  
TALLAHASSEE FLORIDA

APR 17 2015  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IVAN DM 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:

Ramon Reyes  
Name of Person  
Ramon Reyes P.A.  
Firm/Company  
5035 Palm Ave.  
Address  
Hialeah, FL 33012  
City/State and Zip Code  
accounting5035@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon Reyes at (305) 874-0669  
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

FILED  
MAR 30 AM 11:36  
TALLAHASSEE, FL 32301

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

IVAN DM 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 10/30/2006 and assigned Florida document number LD06000105386.

This amendment is submitted to amend the following:

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

IVAN & LEO SERVICES LLC

The new name must be distinguishable and end with 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)

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

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

**FILED**

2015 MAR 30 AM 11:36

☐ ADD POSTAGE  
☐ REMOVE POSTAGE

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/07/2015, \_\_\_\_\_.

JUAN DARIO MONSALVE  
Signature of a member or authorized representative of a member

Juan D. Monsalve.  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2015 MAR 30 AM 11:36  
CLERK OF STATE  
TALLAHASSEE FLORIDA