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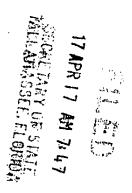
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Div	ision of Corp	oorations				
SUBJECT:		or Services LLC				
Sebuci.		Name of Limited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are subi	mitted for filing.			
Please return	all correspor	ndence concerning this matter t	to the following:			
		Raluca Vinju Milostean				
			Name of Person			
		Dara Superior Services LLG	С			
			Firm/Company			
		PO Box 3161				
			Address			
		Hallandale/FL/33009				
			City/State and Zip Code		•	
		rdmilostean@yahoo.com				
		E-mail address: (t	o be used for future annual repo	ort notification)		
For further in	nformation co	ncerning this matter, please ca	ill:			
Raluca Vinje	u Milostean		954 681-90 at ()	933		
	Name of	Person	Area Code E	Daytime Telephone Number		
Enclosed is a	check for the	e fol / owing amount;		,		
□ \$25.00 F	iling Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed	() Certified	te of Status &	

TO:

Registration Section

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

Dara Superior Services LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records. I Liability Company))	
The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{3/7/2008}{}$	and assigned	
Florida document number L08000024465			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility 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)	T BE A STREET ADDRESS)		
		3 7	
Enter new mailing address, if applicable:		Sign Comment	
Mailing address MAY BE A POST OFFICE BOX)		ne a	
		Car Paring	
B. If amending the registered agent and/or registered			
egistered agent and/or the new registered office address he	ere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		ida	
	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	Silvia Vinju	PO Box 3161, Hallandale Beach, FL 33008	= Add		
			☐ Remove		
			Change		
			🗆 Add		
			Remove		
			Change		
	***************************************		Add		
			Remove		
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in the detent of the date on the date on the date on the date on the date of the date on the date of the	e must be specific and our most met mot me	cannot be prior to cet the applical	o date of filing or ble statutory fil	more than 90 days at	otional) ter filing.) Pursuant	t to 605.	02(ed ε
	•						
e record specifies a dela The 90th day after the		ate, but not	an effective	time, at 12:01	a.m. on the	earlie	r o
ated April 11		2017					
ated							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00