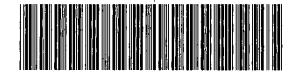
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P!CK-UP WAIT MAIL	
(Business Entity Name)	
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EIVISION OF CORPORATIONS

J. BRYAN

AUG 1 2 2008

EXAMINER

COVER LETTER

00 / 21 / 21 / 21
TO: Registration Section Division of Corporations
SUBJECT: DT+LS ServiceS (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:
Leonel Sanabria (Name of Person) (rimutompany) 11607 (axis 51- (Address) Miami, FL33176 (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this metter, places call:
For further information concerning this matter, please call:
Leone Sanabria at (305) 794-5656 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DT & LS SERVICES LLC	G OFFILE	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
1/30/00 2 33		
The Articles of Organization for this Limited Liability Company were filed on 91008 and assigned and assigned		
Florida document number <u>LU8UUU9 3.52.8</u>	₹· •/	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
x Leonel Sanabria	LLC	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	11607 Louis ST	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33176	
,	111	
Enter new mailing address, if applicable:	11607 (ais s).	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FC 35176	
•		
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:		
registered agent and/or the new registered office address her	Σ'	
Name of New Registered Agent:	onel Sanabria	
New Registered Office Address:	Cous ST. Migmi FL33176 (Enter Florida street address)	
	Migmi Florida 33176	
	(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 608. 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)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> r Add ☐ Add Remove ☐ Add ☐ Remove □ Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00