

210000049818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2011 NOV 16 AM 8:18.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 17 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DISTINCTION 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:

MAURICIO MELARA

Name of Person

DISTINCTION SERVICES, LLC

Firm/Company

625 NE 11TH AVE.

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

MAURICIOMELARA03@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBRA R. JOYNER

Name of Person

at (407)

928-3766

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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

DISTINCTION 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 MAY 10, 2010 and assigned
Florida document number L1000049818.

This amendment is submitted to amend the following:

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

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)

625 NE 11TH AVE.

POMPANO BEACH, FL 33060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

625 NE 11TH AVE.

POMPANO BEACH, FL 33060

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:

Mayra Gonzalez, Esq.

New Registered Office Address:

3550 Biscayne Blvd. Suite 510

Enter Florida street address

Miami

City

Florida

33137

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.

Mayra Gonzalez
If Changing Registered Agent, Signature of New Registered Agent

