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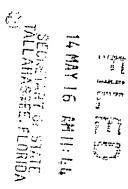
(Requestor's Name)
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May 2, 2014

ANSELM KNIGHTS 18651 N MIAMI AVE MIAMI, FL 33169

SUBJECT: DALK SERVICES LLC. Ref. Number: L11000012566

We have received your document for DALK SERVICES LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00009371

COVER LETTER

TO:		stration Secti sion of Corpo				
Crimae		DALK	Services LLC			
SORTE	c:			ted Liability Company		_
The en	closed	Articles of Ar	nendment and fee(s) are subi	nitted for filing.		
Please	return	all correspond	ence concerning this matter t	to the following:		
			Anselm Knig	ıhts		
				Name of Person		
			DALK Service	es LLC		
				Firm/Company		
			18651 N Mia	ımi Ave		
				Address		
			Miami, FL 33	3169		
			doller a miles a Comme	City/State and Zip Code		
		••	dalkservices@gma	AII. COITI o be used for future annual re	eport notification)	_
For fur	ther in	formation con-	cerning this matter, please ca	.11:		
Ans	seli	n Knig	hts	_{at} 786 51	19-3255	
		Name of P	erson	Area Code	Daytime Telephone Nu	mber
Enclose	ed is a	check for the	following amount:			
_		ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Cert osed) Cert	00 Filing Fee, ificate of Status & ified Copy tional 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

DALK Services LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on 4/17/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	lity company here: lity Company," the designation "LLC" or the abbreviation "LLC." 18651 N Miami Ave Miami, FL 33169 fice address on our records, enter the hame of the new
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	<u> </u>	
Enter new mailing address, if applicable:	18651 N Miami Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33169	Sec. 22
	4	रिंड क्य 📆
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, en	iter the new of the new
registered agent and/or the new registered office address	nere.	1.6
Name of New Registered Agent:		······
New Registered Office Address:		
	Enter Florida street address	
	,	
	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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Denise Knights	18651 N Miami Ave	🗀 Add
		Miami, FL 33169	≅ Remove
		<u> </u>	
			Add
			□ Remove
			Add
		······································	□ Remove
			SS H
			TO Remove
			□ Add
			Remove
			Remove

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	The state of the s
_	
_	
_	
Effective (The effective the date	ve date, if other than the date of filing: (optional) ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated_	MAY 13TH , 2014 .
	Phast
	Signature of a melfiber or authorized representative of a member
	Anselm Knights
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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