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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 6 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DATA ASSURANCE & BEYOND, 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:

VICTOR HUGO LANDAETA

Name of Person

Firm/Company

765 NW 170 TERRACE

Address

PEMBROKE PINES, FL. 33028

City/State and Zip Code

VHLD2002@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT M CHISHOLM

305 667-4261
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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17 MAR -3 PM 10:30
TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

DATA ASSURANCE & BEYOND, 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 SEPTEMBER 10, 2012

Florida document number L12000115767

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

765 NW 170 TERRACE, PEMBROKE PINES, FL 33028

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

765 NW 170 TERRACE, PEMBROKE PINES, FL 33028

(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:

VICTOR HUGO LANDAETA

New Registered Office Address:

765 NW 170 TERRACE

Enter Florida street address

PEMBROKE PINES

City

Florida 33028

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|--------------------------|--|
| MGRM | ANABEL HERIZE DE LANDAET | 765 NW 170 TERRACE | <input type="checkbox"/> Add |
| | | PEMBROKE PINES, FL 33028 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGRM | VICTOR HUGO LANDAETA | 765 NW 170 TERRACE | <input type="checkbox"/> Add |
| | | PEMBROKE PINES, FL 33028 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MARCH 2

2017

member or authorized representative

AUTHORIZED REPRESENTATIVE

Signature of a member or authorized representative of a member

ROBERT M. CHISHOLM.

Typed or printed name of signee