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(Re	questor's Name)	
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T. BROWN

COVER LETTER,

'O: Registration Section' Division of Corporations
UBJECT: AD Dispatch Services LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Marcos A. Santingo Name of Person
AD Dispatch Services LLC Firm/Company
Firm/Company
5547 Garden Grove Circle Address
Address
City/State and Zip Code Cocinero 58 Dani/. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
COCINETO 58 D granil. com
or further information concerning this matter, please call:
Marcos A Santiago Name of Person at (352) 348-7354 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
1 \$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \tag{0.00 Filing Fee & Certified Copy (additional copy is enclosed)} \tag{0.00 Filing Fee, 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**

ART	FICLES OF A	MENDMENT		
	TO			A.
ARTI	CLES OF O	RGANIZATION		14 16 16 16
	OF			SE VINI SO
AD Dis	patch Servi	ies LLC		ALLAHASSE OF PH 3: 0.
(<u>Name of the Limit</u>	ed Liability Company (A Florida Limited Lia	y as it now appears on our ability Company)		TALKARASSE OF STATE and assigned
The Articles of Organization for this Limited Li	ability Company w	vere filed on 03-26	-14	and assigned
Florida document number <u>L140000617</u>	42			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
SAME AS Ab	INVI			
The new name must be distinguishable and end with the	words "Limited Liabili	ty Company," the designation	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ahla:	Sama.		
(Principal office address MUST BE A STREE				
Trincipal office address WOST BE ASTREE	<u>I ADDRESS)</u>			
Enter new mailing address, if applicable:		Same		
(Mailing address MAY BE A POST OFFICE I	BOX)			<u> </u>
				
B. If amending the registered agent and/or the new registered of			ecords, <u>ente</u>	r the name of the new
Name of New Registered Agent:	Marcos	A. Santiago on Grove Circle		
New Registered Office Address:	5547 barde	n Grove Circle Enter Florida street	address	
	Winter Par	-k City		32792
		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 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Awilda Diaz	5547 barden Grave Circle	Add
		Winter Brk, FL. 32792	Remove
MGR	Awilda Diaz	5547 GArden Grove Circle	Z Add
		Winter Bark, FL. 32792	Remove
MGR	Marcos A. Santingo	5547 GArden Grove Circle	
		Winter Brk, FL. 32792	∑ Remove
<u>AMBR</u>	Marcos A. Santapo	5547 Garden Grove Grele	KD Add
		Winter Park, FL, 32792	Remove
			D Add
			□ Remove
			□ Add
			🗆 Remove

	,	
(The effective da	e, if other than the date of filing: te must be specific, cannot be prior to date cument is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
Dated	June 9	2014.
	Wan La	way ?
	Signature of a m MAYCDS A. Si	ember of a member

Page 3 of 3

Filing Fee: \$25.00