L140000 86304

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· ••• · · · · · · · · · · · · · · · · ·

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SECRETARY OF STATE
ALL AHASSEE FLORIDA

J. HARRIS

COVER LETTER

TO: Registration Se		•	
SUBJECT:	abosa Accoun	ling Services ited Liability Company	the.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maday	K. CARDIA	
	Caposa	Services, LMC	*
		Firm/Company	
	2935 NW.	19361.	
	- Honi Ca	Address Ardens, Th. 3303	55
	Ogbes A Service E-mail address: (City/State and Zip Code SOUTHOOK, COM to be used for future annual report notif	ication)
MAday	oncerning this matter, please co	at (486) 307-3	694
/ Naffne o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on	The Articles of Organization for this Limited Liability Company were filed on	salul
Florida document number	The Articles of Organization for this Limited Liability Company were filed on $\frac{5/5}{6}$ Florida document number $\frac{1400086304}{6}$	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: De SA	Florida document number <u>L/40000 8630</u> 4	•
A. If amending name, enter the new name of the limited liability company here: De SH Services L.C.		•
The new name must be dist/nguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street 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	This amendment is submitted to amend the following:	
The new name must be disdinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City Tip 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		•
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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.	provisions of all statutes relative to the proper and complete performance of my duti accept the obligations of my position as registered agent as provided for in Chapter being filed to merely reflect a change in the registered office address, I hereby confi	es, and I am familiar with and 605, F.S. Or, if this document is rm that the limited liability

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Filing Fee: \$25.00