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7. HAPAPTORS

# **COVER LETTER**

Division of Corporations
SUBJECT: DIRECTER 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:
Adolfo E. Paniajua  Name of Person
Dilectell LLC. Firm/Company
7325 Smithbrooke Dr.
Lalle wolth Fl. 33467.  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adolfo Paviagus - at (561) 667 - 7512  Name of Person Daytime Telephone Number
Name of Person V Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

**Registration Section** 

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

DIRECTEK L	LC.	
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>2 /4000 /32189</u> .	were filed on 8/22/26	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Ex. Common "the decimation of I C" of	who obbassistion W. I. C."
ne new name must be distinguishable and contain the words "Limited Liabl	my Company, the designation LLC o	So of
Enter new principal offices address, if applicable:	<del></del>	200 01
Principal office address MUST BE A STREET ADDRESS)		The state of the same
		(A) O) (T)
		75 P 111
7		FLS 2:
Enter new mailing address, if applicable:		24 6
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	Milder F. Colombia C. Colombia	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
<del></del>	City	Zip Code
Now Descriptored Agent's Signature if changing Pegistered Agents		

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

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
myr	Marcia B. Paniagua.	7325 Smithbrooks ! Lake worth Fl. 33467	)r`- □ Add
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effective date is listed,	than the date of filithe date must be specific and in this block does no	and cannot be prior to d	ate of filing or more than	90 days after filing.) Pur	suant to 605.0
	te on the Department o		statutory ming requi	ements, this date will	not be fisted
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		_,		SEC	- 57 - 23 - ****
	Signature of A delfo	//nenge	od vangasantativa af a	mbar.	AS-15
	Signature of	a member or authorize	tu representative of a me	moer xxx	-6 PM 2: 46

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