

L15000024675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

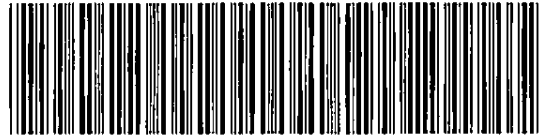
(Business Entity Name)

(Document Number)

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10/26

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DA SILVA CAMPOS GENERAL SERVICES 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:

VERONICA RIVAS

Name of Person

DA SILVA CAMPOS GENERAL SERVICES

Firm/Company

605 BELMONT LANE

Address

NORTH LAUDERDALE, FL 33068

City/State and Zip Code

DSCGS.LLC@GMAIL.COM

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

For further information concerning this matter, please call:

VERONICA RIVAS

954 560-3489

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

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

DA SILVA CAMPOS GENERAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2016 OCT 26 PM 12:20
STATE OF FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 02/10/2015 and assigned
Florida document number L15000024675.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DSC GENERAL SERVICES LLC

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: 605 BELMONT LANE
NORTH LAUDERDALE, FL 33068
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 605 BELMONT LANE
NORTH LAUDERDALE, FL 33068
(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: 605 BELMONT LANE
Enter Florida street address
NORTH LAUDERDALE, Florida 33068
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 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>
p	CICERO CAMPOS	605 BELMONT LANE	<input type="checkbox"/> Add
		NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	VERONICA RIVAS	605 BELMONT LANE	<input type="checkbox"/> Add
		NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AUTHORIZED PERSONS, ONLY CHANGING TITLE AND ADDRESS

E. Effective date, if other than the date of filing: _____ (optional)

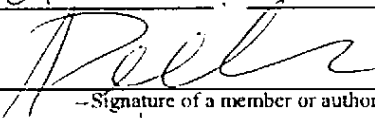
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 26, Oct 2018


--Signature of a member or authorized representative of a member

Veronica Riva
Typed or printed name of signee

SECRETARY OF STATE

2018 OCT 26 PM 12:20

SECRETARY OF STATE