

L15000 047117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

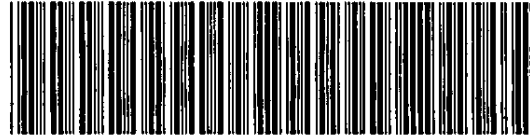
(Business Entity Name)

(Document Number)

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05/31/16--01014--015 **25.00

FILED
15 MAY 31 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

DYSA SERVICES LLC

SUBJECT: _____
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:

EVERARDO B. LLANES

Name of Person

DYSA SERVICES LLC

Firm/Company

9554 TREVI COURT UNIT 4743

Address

NAPLES, FL 34113

City/State and Zip Code

ever_llanes@yahoo.es

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

For further information concerning this matter, please call:

EVERARDO B. LLANES

786

442-0135

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

**TO
ARTICLES OF ORGANIZATION
OF**

DYSA SERVICES 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 03/10/2015 and assigned
Florida document number L15000043117.

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:

(Principal office address MUST BE A STREET ADDRESS)

9554 TREVI COURT UNIT 4743

NAPLES, FL 34113

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9554 TREVI COURT UNIT 4743

NAPLES, FL 34113

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:

9554 TREVI COURT UNIT 4743

Enter Florida street address

NAPLES

City

, Florida

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EVERARDO B. LLANES	9554 TREVI COURT	<input type="checkbox"/> Add
		UNIT 4743	<input type="checkbox"/> Remove
		NAPLES, FL 34113	<input checked="" type="checkbox"/> Change
MGR	NADIEZHDA UBIETA	9554 TREVI COURT	<input type="checkbox"/> Add
		UNIT 4743	<input type="checkbox"/> Remove
		NAPLES, FL 34113	<input checked="" type="checkbox"/> Change
MGR	CRISTOFER L. BARRETO	481 QUAIL FOREST BLVD	<input type="checkbox"/> Add
		APT 206	<input type="checkbox"/> Remove
		NAPLES, FL 34105	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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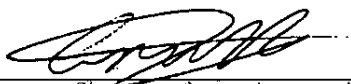
E. Effective date, if other than the date of filing: _____ (optional)

(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 MAY 25TH, 2016



Signature of a member or authorized representative of a member

CRISTOFER L. BARRETO

Typed or printed name of signee

RECEIVED
16 MAY 31 PM 5:46
STATE DEPT OF STATE
AT LAMAR STREET, FLORIDA