

L15000166486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

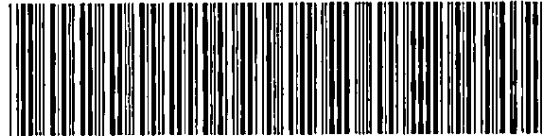
(Business Entity Name)

(Document Number)

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2023 APR -4 PM 12:51  
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2023

DALISA SCHOBURGH

801 NORTH POINT PARKWAY SUITE 106  
WEST PALM BEACH, FL 33407

SUBJECT: D & M CONTRACTOR SERVICES LLC  
Ref. Number: L15000166486

2023 APR -4 PM 12: 52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for D & M CONTRACTOR SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is M67095.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Nadira D McClees-Sams  
Executive Assistant

Letter Number: 223A00013565

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D3M Contractor 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:

Delisa Schoburgh  
Name of Person

\_\_\_\_\_  
Firm/Company

801 North Point Parkway suite 106  
Address

West Palm Beach Florida 33407  
City/State and Zip Code

Permitprocess@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delisa Schoburgh at (561) 445-5474  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

D3M Contractors Services LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2028 APR - 18 PM 12: 52

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The Articles of Organization for this Limited Liability Company were filed on 3/8/2023 and assigned  
Florida document number L15000166486

This amendment is submitted to amend the following:

Revised

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

Support

D3M Contractor 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:

\*D3M Contractor Support Services LLC

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

Enter Florida street address

Florida

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

authorized to manage, enter the title, name, and address of each person being added

MGR = Manager

AMBR = Authorized Member

Title

Name

Address

Type of Action

~~MGR~~

~~Ruth E. Mitchell~~

MA  
~~1750 Kelso Ave, Lake Worth FL~~

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

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Change

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Change

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

Multiple horizontal lines for amending information.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: Date Filled (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 \_\_\_\_\_

Dalisa Schoburgh  
Signature of a member or authorized representative of a member

DALISA Schoburgh  
Typed or printed name of signer