

L15000166486

(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

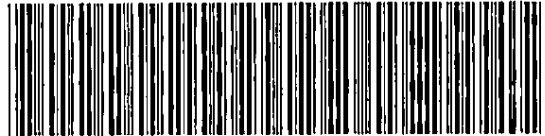
(Business Entity Name)

(Document Number)

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2023 APR -4 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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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.

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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 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

2023 APR - 18 PM 12:52

FILED

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:

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)

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

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:

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

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TALLAHASSEE, FLORIDA

Date Filled

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.

Dated _____, _____.

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

Dalisa Schoburgh
Typed or printed name of signee

Filing Fee: \$25.00