

L16000034751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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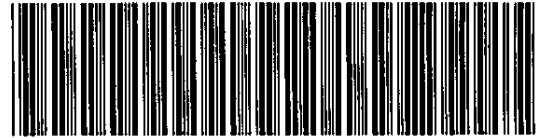
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 02 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DS BUSINESS CONSULTANTS 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:

CORINA ESPINOSA

Name of Person

TAXCARE SOUTH MIAMI

Firm/Company

8333 NW 53RD STREET, SUITE 450

Address

DORAL, FL 33166

City/State and Zip Code

CORINA.SMITH@TAXCAREINC.COM

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

For further information concerning this matter, please call:

CORINA ESPINOSA

305 924-0340
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

DS BUSINESS CONSULTANTS 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 02/18/2016 and assigned
Florida document number L16000034751.

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:

1303 SE 17TH STREET SPACE 14892J

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33316

Enter new mailing address, if applicable:

1303 SE 17TH STREET SPACE 14892J

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33316

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

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>
MBR	Diaz Diaz & Asociados	Calle Alemania, Manzana 19-05,	<input checked="" type="checkbox"/> Add
		Nº 1, Urb Parque Res Los Mangos	<input type="checkbox"/> Remove
		Cdad Guayana, Bolívar, Venezuela.	<input type="checkbox"/> Change
MGR	JUAN A. DIAZ VALDEZ	1400 NW 107TH AVENUE	<input type="checkbox"/> Add
		SUITE 430	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 NOV 30 PM 4:40
 ALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 NOV 30 PM 12:40
TALLAHASSEE, FLORIDA


(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)

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 NOVEMBER 16TH 2016

NOVEMBER 16TH, 2016



Signature of a member or authorized representative of a member

JUAN A. DIAZ

Typed or printed name of signee