L16000139935

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: _LBD	Oleaning 50	ETVICES U.C. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Gretcher	Person	
		Firm/Company	
	1345 Nep	tune 700 Address	76° C.T
	Kissimm	City/State and Zip Code	<u></u>
	<u>Sales Odra</u> E-mail address:	CS. <u>DC+</u> To be used for future annual report note	fication)
For further information c	oncerning this matter, please c	all:	
Gyetcher Name o	Person Cyas	at (<u>UOT</u>) <u>WOI –</u> Area Code Daytin	8733 ne Telephone Number
Enclosed is a check for the	ne 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 Addres		<u>Street Address:</u> Registration Se	ection
Registration : Division of C		Division of Co	
P.O. Box 632	•	The Centre of	=
Tallahassee, l	FL 32314	2415 N. Monro	oe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAD Cleaning Services UC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>LVCOO\39935</u> .	ny were filed on <u>7\2Ce\2Ci</u>	• and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia D&G Capital Fnvestment Li The new name must be distinguishable and contain the words "Limited Lia	LC	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:		<u>. ယ</u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		122	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flori	da	
	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>	Name	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		□Add
			⊡Remove
			□Change
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rective date, if other than the date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	specific and cannot be prior to does not meet the applicab	date of filing or more than 90 d de statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605,0 ents, this date will not be listed
record specifies a delayed ef he 90th day after the record	fective date, but not is filed.	an effective time, at 1	2:01 a.m. on the earlier
od October 27	. 2623	··	