## L16000232689

(Requestor's Name)
(Address)
(Address)
,
(Ch./Chata 7/in/Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Classification)
Contilled Continue Contilled to the Continue Contilled to the Continue Cont
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600294891476

02/07/17--01004--003 \*\*30.00



## **COVER LETTER**

TO:	Registration Sec Division of Corp		eg <b>e</b> r i var i va				
CHDII		Y WORK SERVICE LLC	• •				
SUBJE	.C.I:	Name of Lin	nited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspon	ndence concerning this matter	to the following:				
		LUIS A. MENDOZA					
			Name of Person				
		MENDOZA TAX SERVI	CES LLC .				
		<del></del>	Firm/Company				
		3501 W VINE ST, SUITE	332				
	Address						
		KISSIMMEE, FL 34741					
			City/State and Zip Code	<del></del>			
		CONTACT@MENDOZA					
		E-mail address: (	to be used for future annual report notif	ication)			
For fur	ther information co	oncerning this matter, please c	all:				
LUIS A	Á. MENDOZA		954 2944782 at ( )				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	e following amount:					
□ \$2 <b>:</b>	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPECIALTY WORK SERVICE I			
(Name of the Lim	(A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited I	Liability Compa	any were filed on 12/27/2016	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited l	iability company here:	
DE SERVICE LLC			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" of	or the abbreviation "L.L,C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS	2	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	S BOX)		
3. If amending the registered agent and registered agent and/or the new registered of			enter the name of the
Name of New Registered Agent:	N/A		AT B
New Registered Office Address:	<del>.</del>	Enter Florida street address	SEE SEE
			ida Z
		City	The Code

## New Registered Agent's Signature, if changing Registered Agent:

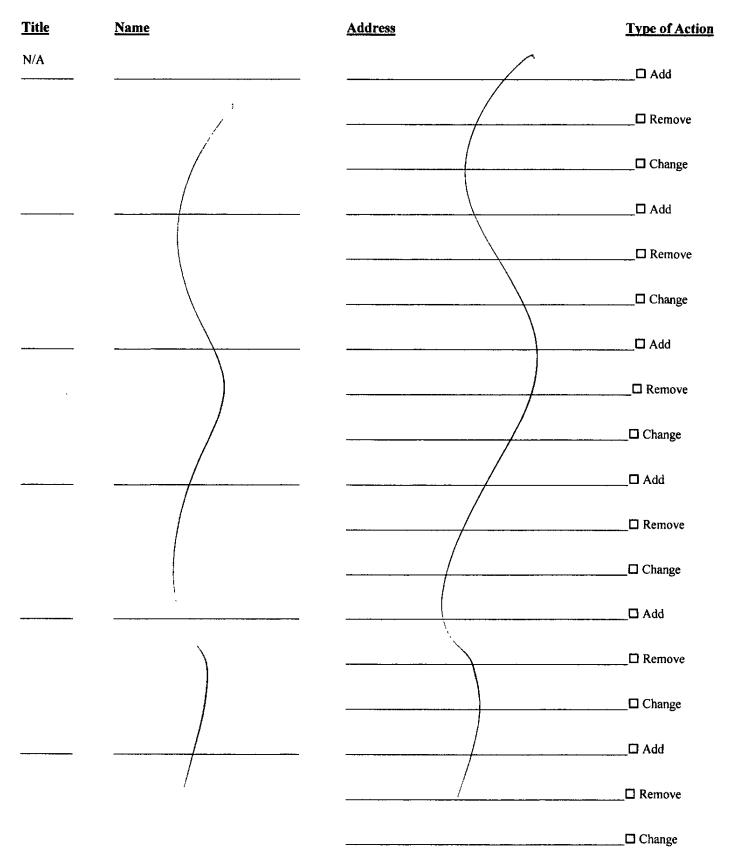
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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



e a		
		<b>5</b> .03
	/	AR 68 11
		SS 6
		70 -
	/	BRIG
ffective date, if other than the data an effective date is listed, the date must be oter. If the date inserted in this block	ate of filing: 01/01/2016 e specific and cannot be prior to date of filing or m c does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.02
ocument's effective date on the Dep	irtment of State's records.	g requirements, this date will not be listed to
e record specifies a delayed of The 90th day after the recor	effective date, but not an effective t d is filed.	ime, at 12:01 a.m. on the earlier
ated FEBRUARY 02	, 2017	
		7
	The second secon	

Page 3 of 3

Filing Fee: \$25.00