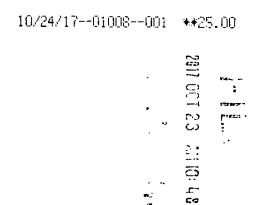
47000041104

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Tris Henriquez GAVE AUTHORIZATION BY PHONE TO CORDECT SULFIX DATE 10/25/17 DOC. EXAM THARRIS

Office Use Only



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of 25 mily Reference

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: D. 2 1 MUIT SERVICES (LE 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:
Domingo Almanzax Name of Person
D&I MULTISERVICES LLC
516 Briarwood rd
City/State and Zip Code
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee. 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

D&I MUITIS	ERVICES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1700041104	were filed on OO/P and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable:	5.16 Bridr wood rd		
(Principal office address MUST BE A STREET ADDRESS)	Wenice PC 34393		
Enter new mailing address, if applicable:	2817 00		
(Mailing address MAY BE A POST OFFICE BOX)	L') '22 -		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new e:		
Name of New Registered Agent:			
New Registered Office Address.	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.

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□ Add
			□ Remove
			Change
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			□ Remove □ □ Change
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	g any other information, enter change(s) here: (Attach addition	• • • •
		
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an effective	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more date inserted in this block does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to 605.020' requirements, this date will not be listed as
cument's	effective date on the Department of State's records.	•
record : The 90th	specifies a delayed effective date, but not an effective tirn day after the record is filed.	me, at 12:01 a.m. on the earlier o
ited <u>/ C</u>	19/17	
		2817
_	Signature of a member or authorized representative o	f a member
	and the state of a memory of authorized representative of	T A Transmoter
	Dan and Allace	U
	Domingo Hindurar Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00