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(F	Requestor's Name	e)
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MAY 1 8 2017 S. YOUNG SEERETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	gistration Se vision of Co				
SUBJECT:	"Di Right S	Suff' LLC			
SUBJECT	•	Name of Lim	ited Liability Company		
			·	•	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Carmen	J Romero .		
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
		A&A M	ul-T-Services Inc		
			Firm/Company		
		79 Las	79 Las Brisas Way		
4			Address		
		Kissimm	nee, FL 34743	ication)	
			City/State and Zip Code	7	
			vices @gmail.com to be used for future annual report notif	* 5	
For forther	nformation o		·	ication)	
		oncerning this matter, please ca	iii:	<u>.</u> .	
Cyprian Th	ompson		407 201-2036 at ()		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00 1	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)	
		ING ADDRESS:	STREET/COURI		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

"Di Right Stuff" LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on 05/01/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
DI RITE STUF LLC	
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 ADDRES	
	三 <u>三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 </u>
Enter new mailing address, if applicable:	P inc
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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>	Address	Type of Action	
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ective date, if other t	han the date of fil	ling:		(on	tional)	
effective date is listed, the	e date must be specific	and cannot be prior	to date of filing or	more than 90 days aff	ter filing.) Pursuant to 605.0	207
ument's effective date	in this block does no on the Department o	of State's records.	able statutory fil	ing requirements, th	his date will not be listed	as 1
	,					
record specifies a	dalayed offertive	a data but aa	t an affactive	time at 12:01		
he 90th day after	the record is file	ed.	t an ellective	time, at 12:01	a.m. on the earlier	or:
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May 15		2017	_			
ed	<u> </u>	- · 	<u> </u>			
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		/ 1300015	_ /			
	Signature of	a prember di autho	rized representati	ve of a member		

Page 3 of 3

Filing Fee: \$25.00