

L17000112331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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COMMISSIONS

OCT 14 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

THE DATA ACQUISITION SPECIALISTS L.L.C.

SUBJECT: _____
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:

JUAN HERRERA

Name of Person

THE DATA ACQUISITION SPECIALISTS L.L.C.

Firm/Company

P.O. BOX 143941

Address

CORAL GABLES, FL. 33114

City/State and Zip Code

JUANH@SPECIALIZEDTOWINGFL.COM

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

For further information concerning this matter, please call:

JUAN HERRERA

305 986-1642

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

THE DATA ACQUISITION SPECIALISTS L.L.C.

CLASS - 3 7/10/16

(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 05/22/2017 and assigned
Florida document number L17000112331.

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:

14825 SW 137 ST. #3

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL. 33196

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ENTIN LAW GROUP P.A.

New Registered Office Address:

633 S. E. ANDREWS AVE. , STE. 500

Enter Florida street address

FT. LAUDERDALE, FL.

Florida

33301

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN HERRERA	P.O. BOX 143941	<input type="checkbox"/> Add
		CORAL GABLES, FL. 33114	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RIGOBERTO HERRERA	P.O. BOX 143941	<input type="checkbox"/> Add
		CORAL GABLES, FL. 33114	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RAUL HERRERA	P.O. BOX 143941	<input type="checkbox"/> Add
		CORAL GABLES, FL. 33114	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DATE: 11/19/06

(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)

Dated AUGUST 31 2020

Typed or printed name of signee