217000 161190

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Sossino in risings)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



700306540017

12/19/17--01028--019 **25.00

17 DEC 19 AHTH: 14

Office Use Only

O SIMMONS
DEC 20 2017

COVER LETTER

TO: Registration So Division of Co			
	RVICES COMPANY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Enrique Nowogrodzki CP/	4	
		Name of Person	
	CPA Servicescom Corp		
		Firm/Company	
	18501 Pines Blvd. # 207		
		Address	
	P Pines, FL 33029		
		City/State and Zip Code	
	enrique@cpaservicescorp.c	om to be used for future annual report	-otification)
For further information of	concerning this matter, please c	,	nonicationy
Enrique Nowogrodzki		754 400-104	0
Name o	of Person		ytime Telephone Number
Enclosed is a check for t	he 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 enclose

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

DACO SERVICES COMPANY LLC

(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our r rida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability L17000161190 Florida document number	Company were filed on	//28/2017
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
		I
The new name must be distinguishable and contain the words "L	imited 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 AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mbr	Marta Correa	1541 SW 116TH AVE	⊠ Add
		PEMBROKE PINES, FL 33025	
			Remove
			Change
Mgr	MONA-CORREA, MARIA CAMILA	1541 SW 116TH AVE	
		PEMBROKE PINES, FL 33025	
			☐ Remove
			Change
			Add
			Remove
			□ Change
			Add
			Remove
			Change
			🗖 Add
			□ Remove
			Change
			Add
			Remove
			□ Change

D. If am	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		• . •
	· 0	•
		<u>-</u>
	<u> </u>	
Note:	ve date, if other than the date of filing:	207 (3)(b) I as the
If the re (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	11/28/2017	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00