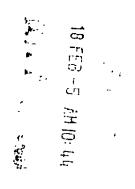


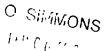
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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02/05/19--01007--031 **25.00





COVER LETTER

	egistration Sec ivision of Corp			
CHDIRCYE		L ESTATE SERVICES. LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please retui	rn all correspor	ndence concerning this matter (o the following:	
		DANNY PENA		
			Name of Person	
		D.N.A REAL ESTATE SE	RVICES, LLC	
			Firm/Company	
		3425 BERKSHIRE WOOL	OS TERRACE	
			Address	
		DELTONA, FLORIDA 32	725	
			City/State and Zip Code	
		dannyj.pena@gmail.com	o be used for future annual report notifi	ication)
For further	information co	oncerning this matter, please ca		(Clarent)
DANNY P			at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	S30.00 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

D.N.A REAL ESTATE SERVICES, LLC	now appears on our records)
(Name of the Limited Liability Company as it (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were f	iled on 01/22/2018 and assigned
lorida document number L18000019590	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability co	mpany here:
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation 6.L.C."
Enter new principal offices address, if applicable:	·- (4)
Principal office address MUST BE A STREET ADDRESS)	* 10 di
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	17
3. If amending the registered agent and/or registered office a	ddress on our records, enter the name of th
egistered agent and/or the new registered office address here:	
M. O. D. T. J. J.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cit	y 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
AMBR	DANNY PENA	3425 BERKSHIRE WOODS TERI ★	∃ Add
	henge	DELTONA, FL 32725	□ Remove
			Change
MGR	AKSA PENA	3425 BERKSHIRE WOODS TERI	∩ ∧dd
	Cha line	DELTONA, FL 32725	☐ Remove
			■ Change
			☐ Remove
			□ Add
			□ Remove
			
			Remove
			Change
		<u> </u>	
			Remove
			☐ Change

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Filing Fee: \$25.00