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COVER LETTER

Registration Section Division of Corporations

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BJECT:		OURCING SERVICES, LLC		
		Name of Lim	ited Liability Company	
e enclosed	f Articles of a	Amendment and fee(s) are sub	mitted for tiling.	
ase return	all correspon	ndence concerning this matter	to the following:	
		Monica Uscategui		
			Name of Person	
		Greenlight Financial LLC		
			Firm/Company	
		7480 SW 40th St Suite 810		
			Address	
		Miami FL 33155		
			City/State and Zip Code	
		muscategui@greenlightfina		
		E-mail address: (to be used for future annual report no	tification)
r further it	nformation co	oncerning this matter, please ca	all:	
onica Usc	ategui		305 860-5970 at ()	
_	Name of	Person	Area Code Daytii	me Telephone Number
closed is a	a check for th	e following amount:		
Ì \$25.00 E	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)
Re Div P.O	iling Addres gistration S vision of C D. Box 632 llahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monn Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAS OUTSOURCING SERVICES, LLC

ny as it now appears on our re liability Company)	ecords.)
were filed on 01/31/2018	and assigned
lity company here:	
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ity Company," the designation	"LI.C." or the abbreviation
<u> </u>	23
	<u> </u>
	F S
2724 Old Briggs Chaney	
Silver Spring, MD 20905	កោ
Enter Florida street a	nter the name of the new registered
	. Florida
City	Zip Code
performance of my dutie provided for in Chapter (I further agree to comply with the is, and I am familiar with and 505, F.S. Or, if this document is in that the limited liability
	ility company here: ity Company," the designation 2724 Old Briggs Chaney Silver Spring, MD 20905 Address on our records, e Enter Florida street a City ee to act in this capacity, performance of my dutie or ovided for in Chapter to

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

1BR = Authorized Member

<u>le</u>	<u>Name</u>	Address	Type of Action
3R ——	HASBUN, MOISES J	100 BAYVIEW DRIVE, APT. 2004	□Add
		SUNNY ISLES BEACH, FL 33160	■Remove
			□Change
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ctive date, if other than the da effective date is listed, the date must be	te of filing:	1 . C.S.	(optional)) D	5 070
e: If the date inserted in this block	does not meet the applicab	le statutory filing requir	ements, this date	will not be list	ted a
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Page 3 of 3

Filing Fee: \$25.00