(Requestor's Name)	
(Address)	
(Address)	400426649834
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	03/27/2401037002 ++30.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only

COVER LETTER

Division of Co			
DVILLAC SUBJECT:	IS, LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	DAINELLYS VILLACIS		
	-	Name of Person	
		Firm/Company	
	13739 Maritime Ct		
		Address	
	Hudson, FL 34667		
	localrealtor.dv@gmail.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information	concerning this matter, please e	all:	
DAINELLYS VILLACIS		786 718-4002	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 enclosed)
Mailing Addre Registration		Street Address: Registration Sec	ction
Division of 0	Corporations	Division of Cor	porations
P.O. Box 63	27	The Centre of T	fallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DVILLACIS, ELC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi	led on 02/20/2018 and ass	igned
Florida document number L18000044792		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
DAINELLYS VILLACIS LLC		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	: "	
	$\frac{\ddot{E}}{E}$	
Enter new mailing address, if applicable:	(T) (C)	
	ž	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
to the state of th	and the new of the new	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, enter the name or the nev	riegister
Name of New Registered Agent:		
N. D. C. 17500 A.H.		
New Registered Office Address:	Enter Florida street address	
	. Florida	

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:

or removed	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐ Change

_____ []Change

D. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
-		
		
 		
		
<u> </u>		
		
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F. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	e date of filing: (optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 slock does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.	207 (3)(t as the
If the record specifies a delayed effective record is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated MARCH 20	2024	
Wile-	· · · · · · · · · · · · · · · · · · ·	
	Signature of a member or authorized representative of a member	
DAINELLYS VILLAC	CIS	

Typed or printed name of signee