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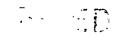
A. BUTLER
JAN 11 2023

COVER LETTER

₹O:

	gistration Section vision of Corporations	
SUBJECT:	DIATA	x Services ILC
SUBJECT:		Name of Limited Liability Company
		
The enclose	d Articles of Amendment	and fee(s) are submitted for filing.
Please retur	n all correspondence conce	rning this matter to the following:
		Getro Pruj Name of Person
	(73 A Tax Sentees LLC Firm/Company
		5 Lafayette Street Suffe (
	ja	lahassec, FC 32301 City/State and Zip Code
	<u> </u>	F-mail address: (to be used for future annual report notification)
For further	information concerning thi	
		at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following	amount:
⊉ ′\$25.00		Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Cate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Re Di	ailing Address: egistration Section vision of Corporation O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	dlahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Db3	A Tax Service	~ 11C.	2023 JAN 11 PM 4: 06
(Na	me of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recordability Company)	E) STOF
The Articles of Organization for the Florida document number	his Limited Liability Company v	vere filed on $10/28/23$	and assigned
This amendment is submitted to a	thend the following:		
A. If amending name, enter the	new name of the limited liabil	ity company here:	
The new name must be distinguishable a	nd contain the words "Limited Liabilit	y Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices add	ess, if applicable:		
(Principal office address MUST)	BE A STREET ADDRESS)		
Enter new mailing address, if a	Ť		
(Mailing address MAY BE A PO	<u>ST OFFICE BOX)</u>		
B. If amending the registered a agent and/or the new registered	9	ldress on our records, <u>enter</u>	the name of the new registere
Name of New Registere	d Agent:		
New Registered Office	Address:		
<u></u>		S	
			orida
		City	Zip Code
New Registered Agent's Signature	, if changing Registered Agent:		
I hereby accept the appointment provisions of all statutes relative accept the obligations of my pos- being filed to merely reflect a el- company has been notified in w	e to the proper and complete p sition as registered agent as pr hange in the registered office a	performance of my duties, an rovided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is
	If Chang	ing Registered Agent, Signature o	f 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 **Type of Action** Title Address Name 112 Peigle Ave 52xdd
Detray Beach, FC 33444 Remove Chrisonene Paul MGA _____ Change MGB Kalcy Williams 6157 Balclyh St and Orlando, FL 328345 DRemove _____ □Change □Remove _____ □Change bbA□ _____ 🗆 Remove _____ □Change ____ □Add □Remove _ 🗆 Add

Remove

C1.

amen	ding any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	·····	
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an effec ote: Ti	f the date inserted in this bl	date of filing:
ecord is file		e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted _		
		the heel
		Signature of a member or authorized representative of a member
	(-	ketro raul