L190000 58294

(Requestor's Name)
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COVER LETTER

Registration Section

Division of Corporations

TO:

	DBAL SERVICES, LLC	·	
	Name of Li	nited Liability Company	 _
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for tiling.	
Please return all corresp	ondence concerning this matte	r to the following:	
	JODI RONEN		
		Name of Person	
	JG CONSULTING SERV	ICES, LLC	
		Firm/Company	-
	5481 WILES RD STE 50.	2	
		Address	
	COCONUT CREEK, FL.	33073	
	-	City/State and Zip Code	
	JODI@ACCU-TAX.TAX		
		to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
JODI RONEN		754 220-8270	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	7	The Centre of T	
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the L.	mited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on 02/28/2019			
Florida document number L19000058294	·		
This amendment is submitted to amend the fo	ollowing:		•
A. If amending name, <u>enter the new name</u>	of the limited liability company he	ere:	
he new name must be distinguishable and contain the	e words "Limited Liability Company," the d		
Enter new principal offices address, if app	licable:	SEC MALL	2020
(Principal office address MUST BE A STREET ADDRESS)			HAR
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		no.	₽ !
nter new mailing address, if applicable:		E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AM
Mailing address MAY BE A POST OFFIC	Ć.	9	
<u></u>		· · · · · · · · · · · · · · · · · · ·	• •
If amending the registered agent and/or		cords, <u>enter the name of</u>	the new regis
ent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	OR ASSRAF		
New Registered Office Address:	1894 NW 11TH ST		
	Enter Flori	da street address	
	PEMBROKE PINES	, Florida 33026	_
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHARLIE HADIDA	123 DORSET C. APT 123	□Add
		BOCA RATON,F L 33434	≣Remove
			□Change
			□Add
			□Remove
			□Change
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an effective d	ite, if other than t date is listed, the date r date inserted in this effective date on the	nust be specific a block does not	nd cannot be prio meet the applic	cable statutory	g or more than 90 de filing requiremen	(optional) sys after filing.) onts, this date w	Pursuant to vill not be	605.020 listed as
record speci	fies a delayed effect	tive date, but no	ot an effective t	ime, at 12:01 i	a.m. on the earlie	rofi(b) The	90th day a	ifter the
is filed.		1	2020	,				
is filed.	02 28							