

L19 000062286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

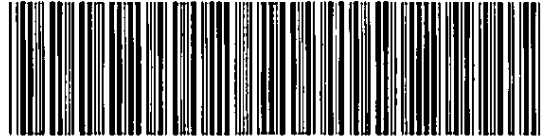
(Business Entity Name)

(Document Number)

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D. BRUCE
NOV 01 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DM CH SERVICE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAYAN MILANES CHIRINO
Name of Person

DM CH SERVICE, LLC
Firm/Company

6703 GALLARDIA RD
Address

JACKSONVILLE, FL 32211
City/State and Zip Code

dmchservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHANNA RIVERA at (407) 592-1541
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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CLERK OF COURT
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DM CH SERVICE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 12, 2019 and assigned Florida document number L19000062286.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6703 Gallardia Rd

Jacksonville, FL 32211

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6703 Gallardia Rd

Jacksonville, FL 32211

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOHANNA RIVERA

New Registered Office Address:

5120 CURRY FORD RD. STE B

Enter Florida street address

ORLANDO

City

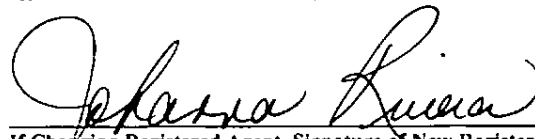
, Florida

32812

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.


Johanna Rivera

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JESUS CASTILLA	1704 COTTAGESIDE COURT	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF COURT
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A large handwritten 'X' mark is drawn on a piece of lined paper. The 'X' is formed by two intersecting diagonal lines. The lines are drawn with a dark ink or pencil. The paper has horizontal ruling lines. In the bottom right corner, there is a faint, vertical stamp that reads "ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED".


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7-10

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 17, 2020

X  _____
Signature

Signature of a member or authorized representative of a member

DAYAN MILANES CHIRINO

Typed or printed name of signer

Filing Fee: \$25.00