419000150229

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusilless Littly Name) |
| (Decument Number) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration So Division of Cor | rction rporations | | |
|---|---|---|---|
| | GENERAL SERVICES LLC | | |
| SUBJECT: | | | |
| | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are suf- | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | SYLVIA DIAS | | |
| | | Name of Person | |
| | D&J DIAS GENERAL SE | RVICES LLC | • |
| | | Firm/Company | |
| | 10 FAIRWAY DRIVE, Sui | te 100-1 | · |
| | | Address | |
| | DEERFIELD BEACH FL | ORIDA 33441 | ÷ ; |
| | SYLVIA LEGAL85@GMA | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report | notification) |
| For further information c | oncerning this matter, please c | all: | |
| SYLVIA DIAS | | 954 7010303 | |
| | | at () | |
| Name o | f Person | Area Code Day | rtime 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 (additional copy is enclosed) | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |
| <u>Mailing Addres</u> Registration S | | <u>Street Address</u> Registration | |
| Division of C | | Division of C | |
| P.O. Box 632 | • | | of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| D&J DIAS GENERAL SERVICES LLC | | |
|--|---|------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I. | ny as it now appears on our records.) Jiability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L19000150229 | were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | 20' |
| D&J IMIGRATION ASSISTANCE SERVICES LLC | | abbreviation "L.L.E." |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the a | abbreviation "L.L.E. |
| Enter new principal offices address, if applicable: | 10 FAIRWAY DRIVE Suite 100-I | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | DEERFIELD BEACH,FLLLC | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 10 FAIRWAY DRIVE Suite 100-1 DEERFIELD BEACH FLLLC | AN 9 23 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | nddress on our records, enter the na | me of the new register |
| N. Designated Office Addresses | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
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| Translating a person's a | answers to questions on the immigration forms; | |
|---------------------------------------|--|----------------------------|
| Help a person collect supporting docu | aments, such as birth certificates, or other vital records that may be needed to complete ammigration forms, | |
| I am not a lawyer and | cannot provide legal advice. | — |
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| adina dada ifadhandha | an the date of filling. | |
| e: If the date inserted in | an the date of filing: | 605.0207 (listed as th |
| ord specifies a delayed e filed. | effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day | after the |
| APRIL 25 | 2023 | |
| Juh | Portalion | _ |
| 77 70 | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00