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COVER LETTER

RVICES LLC, Name of Lim		
Name of Lim		
	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
VIDYA CHADEE		
DVJO SERVICES LLC,	Name of Person	
	Firm/Company	
6929 TOWN HARBOUR BI		
BOCA RATON, FL 33433	Address	
vidya.chadee@hotmail.com	City/State and Zip Code	
	·	cation)
-	718 216-5975	
Person	Area Code Daytime	Telephone Number
e following amount:		
□ \$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)
	DVJO SERVICES LLC, 6929 TOWN HARBOUR B BOCA RATON, FL 33433 vidya.chadee@hotmail.com E-mail address: (concerning this matter, please ca	Name of Person DVJO SERVICES LLC, Firm/Company 6929 TOWN HARBOUR BLVD #1713 Address BOCA RATON, FL 33433 City/State and Zip Code vidya.chadee@hotmail.com E-mail address: (to be used for future annual report notification for the content of t

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DVJO SERVICES LLC,		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on JUNE 26TH, 2019	and assigned
Florida document number L19000168306		
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	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES:	s)	
		70 10
		[20]
Paton non mailing address if an illustra.		
Enter new mailing address, if applicable:		- 811 13 h
Mailing address MAY BE A POST OFFICE BOX)		- 1 - 2 - 1
		0-: 2
S 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the no
against an area of the new registered write address	ucre.	
Name of Name Desirement A		
Name of New Registered Agent:		
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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VIDYA CHADEE	6829 TOWN HARBOUR BLVD #1713 BOCA RATON FL 33433	⊟ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			
			Remove
			Change
	- 		
		Remove	
			□ Change
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			Change
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			☐ Change

If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)	
 		
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	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 does not meet the applicable statutory filing requirements, this date will not be listed	
ne record specifies a delayed ef The 90th day after the record	ffective date, but not an effective time, at 12:01 a.m. on the earlied is filed.	r of
Dated	2018	
Mode	lal	
	nature of a member or authorized representative of a member	
VIDYA CHADEE	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00