L19000172675

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
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AUG 0 9 2019 ... 3

S. YOUNG

COVER LETTER

Division of Corporations LDA SERVICES GROUP LLC SUBJECT: _ 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: **NORMA SANTIZ LOPEZ** Name of Person Firm/Company 75 1ST ST Address FT MYERS,FL 33907 City/State and Zip Code santizn100@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **NORMA SANTIZ** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \\$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

LDA SERVICES GROUP LLC				
(Name of the Limited Liability Compa (A Florida Limited	iny <u>as it now appears on our records.</u>) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L19000172675	were filed on 07/02/2019	an	d assigr	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company" the designation "LLC" or th	. obbawiati		<u> </u>
Enter new principal offices address, if applicable:	75 1ST ST	c addrevianc	φ 	•
(Principal office address MUST BE A STREET ADDRESS)	FT MYERS, FL 33907		<u>(,)</u>	
			5	
		•	72	-3
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	
B. If amending the registered agent and/or registered o		er the na	ıme of	the nev
registered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	. 		
	Florida			
	City	Zin (ade	

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 anending 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>	Type of Action
AMBR	MIGUEL ORELLANO	75 1ST ST FT MYERS,F L 33907	
		REMOVE	
			■ Remove
			□ Change
AP	LUCERO ALVARADO	75 1ST ST FT MYERS,FL 33907	
		REMOVE	Add
			■ Remove
			☐ Change
			Add
			□ Remove
			Change
			O Add
		Remove	
			☐ Change
		☐ Add	
			□ Remove
			☐ Change
			□ Add
			☐ Remove

P	lease remove Miguel Orellan as AMBR and Lucero Alvarado as AP
Ŧ	hank you
_	
_	
_	
=	
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_	
If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	7/29/19
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00