

6/24/24, 1:56 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

H240002175633

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H240002175633ABC/

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COUCELO ASSOCIATES, INC.
Account Number : I20120000069
Phone : (561)683-3000
Fax Number : (561)965-0938

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LBGK, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

M. SOLOMON

JUN 25 2024

Electronic Filing Menu

Corporate Filing Menu

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Out : 1 :

H240002175633

COVER LETTER

TO: Registration Section
Division of Corporations

H240002175633

SUBJECT: LBGK, 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.

ARNALDO J COUCELO
Name of Person

COUCELO ASSOCIATES INC
Firm/Company

1818 S AUSTRALIAN AVE STE 230
Address

WEST PALM BEACH, FL 33409
City/State and Zip Code

LEGACYTAXCORPS@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call.

ARNALDO J COUCELO at 561 683-3000
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN 24 PM 4:51

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

H240002175633

LBGK, 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 10/15/2019 and assigned
Florida document number L19000258456.

This amendment is submitted to amend the following:

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

DAC MANAGEMENT SERVICES LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

H240002175633

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H240002175633

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

FILED
JUN 24 2024
CLERK OF STATE
OF ALABAMA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

26 JUN 21 PM 6:51

STATE OF TEXAS,
COUNTY OF DALLAS.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JUNE 24 2024

[Handwritten signature]

HECTOR DEL AGUILA

Typed or printed name of signer

Filing Fee: \$25.00

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