Division of Corporations https://efile.sunbiz.org/scripts/efilcovr.exe

LP9000300353

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000265928 3))

H24000265928 34BC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : CAPITAL PRO SERVICES, LLC
Account Number : 120220000003
Phone : (772)249-5273
Fax Number : (772)264-6100

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

Email Address: bellasanddadpainting@gmail.com

FILED
2024 AUG -7 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 AUG -7 PM 4:26
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BELLAS AND DAD PAINTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

T. LEMIEUX
AUG - 8 2024

H24000625928 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: David TechX 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:

Geandeivis Echemendia
Name of Person

David TechX Service LLC
Firm/Company

19255 SW 123 Ct
Address

Miami, FL 33177
City/State and Zip Code

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

For further information concerning this matter, please call:

Madjoise Ramirez at (772) 249-5273
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 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H24000625928 3

H24000625928 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bellas and Dad Painting 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 12/16/2019 and assigned Florida document number L19000300353.

This amendment is submitted to amend the following:

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

David TechX Service 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)

19255 SW 123 Ct
Miami, FL 33177

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3234 SW Savona Blvd
Port St Lucie, FL 34953

FILED
2024 AUG -7 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Capital Pro Services LLC

New Registered Office Address: 1972 SW Cameo Blvd
Enter Florida street address

Port St Lucie, Florida 34953
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

H24000625928 3

H24000625928 3

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

Title	Name	Address	Type of Action
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

H24000625928 3

H24000625928 3

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

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 August 7, 2024.

Geandeivis Echemendia

Signature of a member or authorized representative of a member

Geandeivis Echemendia

Typed or printed name of signee

H24000625928 3

Filing Fee: $25.00