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

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## **COVER LETTER**

Tallahassee, FL 32314

TO:

	Registration Se Division of Cor			
SUBJEC	/Th	erty Services, LLC	f	
SUBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	_	
		David Suleski		
			Name of Person	·· -
		DGS Property Services	LLC	
			Firm/Company	
		2790 Ocean Shore Blvd	. 4N	
			Address	····
		Ormond Beach, Fl 3217	6	
			City/State and Zip Code	
		dgsuleski@yahoo.com		
			to be used for future annual repo	rt notification)
For furthe	er information c	oncerning this matter, please co	all:	
David Sı	uleski		386 299-36	311
	Name o	f Person	at () Area Code D	Paytime Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addre	
	Registration S Division of C		Registratio Division of	n Section Corporations
	P.O. Box 632			of Tallahacee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

岂

DGS Property Services LLC		<del>ن</del>
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	v)
The Articles of Organization for this Limited I		: 2
his amendment is submitted to amend the fol	lowing:	 ယ —
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the		ne designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	<del></del>	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	
	registered office address on ou	r records, enter the name of the new register
gent and/or the new registered office addr	ess here:	
Name of New Registered Agent:	David G Suleski	
New Registered Office Address:		
New Hogistered Office Hadress.	Enter l	Florida street address
	Ormond Beach	, Florida 32176
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	David G. Suleski	2790 Ocean Shore Blvd.	🗀 Add
		Ormond Beach, FL 32176	□Remove
MGR	Susan A. Suleski	2790 Ocean Shore Blvd.	□Add
		Ormond Beach, FL 32176	□Remove
		<del></del>	
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change

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an effective Note:	ve date is listed, the c he date inserted in		nd cannot be prior to d meet the applicable		<b>(optional)</b> in 90 days after filing.) I direments, this date w	
record sp I is filed.		effective date, but no	ot an effective time.	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
ated	JUNIE	30th	, 2020	ed representative of a n	1a. Su	lok'
		Signature of a	i incinier of authorize	м тергезеппануе от а п	IGHIRCI	~