

120000117585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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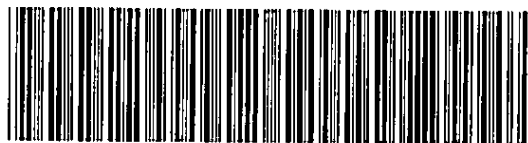
(Business Entity Name)

(Document Number)

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06/14/22--01033--004 **25.00

FILED

2022 JUN 14 AM 8:56

STATE COURT OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DLAVID, 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:

MAURICIO MARCIALES CONTRERAS

Name of Person

DLAVID, LLC

Firm/Company

16970 SW 90TH TERRACE

Address

MIAMI, FL 33196

City/State and Zip Code

dlavimiami@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICIO MARCIALES

305 205-8847
at ()

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 210
Tallahassee, FL 32310

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

DLAVII, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2022 JUN 14 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/01/2020 and assigned
Florida document number L20000117585.

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 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:

MAURICIO MARCIALES CONTRERAS

New Registered Office Address:

16970 SW 90TH TERRACE

Enter Florida street address

MIAMI

City

Florida 33196

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.



MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2022 JUN 14 AM 8:56
SECURE PART OF JUNE
TALLAHASSEE, FL

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2022 JUN 14 AM 8:56
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

(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)

Dated JUNE 04 2022


Signature of a

Signature of a member or authorized representative of a member

MAURICIO MARCIALES CONTRERAS