# LZO 000343323

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(City/State/Zip/Phone #)
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# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DYFAVINAY GENERAL SERVICES 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:
JLANIE SANTOS  Name of Person
MT TANIS and MOVI Firm/Company
2754 WOUT ATIANTIC Blud
PONIDAND BLACK FL 33000
E-mail address: (to be used for little annual report notification)
For further information concerning this matter, please call:
Jean Daytime Telephone Number  at (75H) 209 55H8  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DM+010MAY General Gryill 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 wars filed on 1	17817070 and 20 signed
Florida document number 20003433		TO LOCO and assigned
This amendment is submitted to amend the following:		+ PR
A. If amending name, enter the new name of the lin	mited liability company here:	<b>3.</b> General <b>3.</b>
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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 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>	Address	Type of Action
<u>lmbr</u>	Osmary	71 Plantation Blud	🗆 Add
	marian SUTO BOINAY	Lake Worth FL 334	Remove
	BOINAY		Change
Imbr	Fabricio	71 Plantation Blvd	□Add
	Hrturo Guznaco	Late WOHN FL 3346	□Remove
	Guzman Briceño	·	Mange
			MARQUE CO. TAR.
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