# 12100056292

(Requestor's Name)
(Address)
(Address)
( walless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1126121

Office Use Only



400357451954

02/08/21--01028--008 \*\*30.00

2021 APR 26 PM 12: 17 SECRETARY OF STATE

05 2121



RECEIVED

2021 APR 26 PM 3: 17

Letter Number: 221A00006539

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2021

RACHEL C FEBLES 2120 SW 127TH AVE MIAMI, FL 33175

SUBJECT: DE LA CARIDAD SERVICES LLC

Ref. Number: L21000056292

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

www.sunbiz.org

#### COVER LETTER

	•			•	
TO:	Registration Sci Division of Cor		ي. ين تغيي		*
	4 <b>%</b> ,	, <del>-</del>	uda j	•	¥1. <sup>23</sup>
SUBJ	- 大 - DE LA CAI JECT:	RIDAD SERVICES LLC			
		Name of Limi	ted Liability Company		
***		A Land Life of the control of the	wheel for Olive		
The e	nciosed Articles of .	Amendment and fec(s) are subt	milled for friing.		
Please	e return all correspo	Address  MIAAH, FL 33175  City/State and Zip Code  RACHELFEBLESOM G@ YAHOO.COM  E-mail address: to be used for future annual report notification)  ion concerning this matter, please call:  S			
		RACHEL C FEBLES			
			Name of Person		
			Firm/Company	<del></del>	<del></del> .
		2120 SW 127TH AVE			
			Address		
		MIAMI, FL 33175			
			City/State and Zip Code		
		E-mail address: ()	to be used for future annual report not	(fication)	
For fi	urther information c	oncerning this matter, please ea	all:		
RAC	HEL C FEBLES				
	Name o	f Person	Area Code Daytin	ne Telephor	ne Number
Encle	osed is a check for t	he following amount:			
	325.00 Filing Fee		Certified Copy		Certificate of Status & Certified Copy
	Mailing Addres			untion	
			_		ns
	P.O. Box 632		The Centre of		
	Tallahassee,		2415 N. Monr	oe Street	, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE LA CARIDAD SERVICES LIC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21005629</u>	were filed on 02/01/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		2021 SES
(Principal office address MUST BE A STREET ADDRESS)		THE PLANT
		2
		7 - M
Enter new mailing address, if applicable:		OF STORY
(Mailing address MAY BE A POST OFFICE BOX)		
		m T
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Emer Florida street address	
	, Floric	1a
	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	RACHEL C FEBLES	2120 SW 127TH AVE MIAMI FL 33175	≣Add
			Remove
			□Change
			[]]Add
			Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			[]Change
	<u></u>		□Add
			[]Remove
			[]Change
			[]]Add
			[]Remove
			[]Change

to the first of the control of the c

_	
-	
-	
-	
-	
_	
-	
-	
-	
-	
_	
-	
-	
-	
	(12/11) (21)
Note:	ive date, if other than the date of filing:  (optional)  fective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
reco	rd 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 ded.
rd is fi	FEBRUARY IST 2021
rd is fi	$\mathcal{A}$
rd is fi	Signature of a member of a member 2021  Signature of a member 2021

Filing Fee: \$25.00