

L21 0000 94087

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

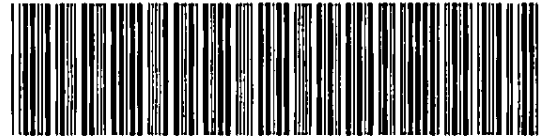
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2021 AUG 16 PM 1:09

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2021

DANNY GARRY  
204 37TH AVE N  
#242  
ST. PETERSBURG, FL 33704

SUBJECT: DIVISION OF CORPORATE SERVICES, LLC  
Ref. Number: L21000094087

We have received your document for DIVISION OF CORPORATE SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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.

Summer Chatham  
OPS

Letter Number: 321A00016266

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Division of Corporate 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:

DANNY GARRY

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

204 37th Ave N #242

\_\_\_\_\_  
Address

St. Petersburg, FL 33704

\_\_\_\_\_  
City/State and Zip Code

cdservice2021@gmail.com

\_\_\_\_\_  
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

DANNY GARRY

727 771-5468

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)

☐ \$69.00 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Division of Corporate Services  
(Same 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 2/25/21 and assigned  
Florida document number L21000094087.

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: 204 37th Ave N #242  
(Principal office address MUST BE A STREET ADDRESS) St. Petersburg, FL 33704

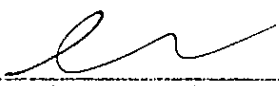
Enter new mailing address, if applicable: 204 37th Ave N #242  
(Mailing address MAY BE A POST OFFICE BOX) St. Petersburg, FL 33704

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: Registered Agents Inc.  
New Registered Office Address: 7901 4th St N STE 300  
*Enter Florida street address*  
St Petersburg Florida 33702  
*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

MGR = Manager  
AMBR = Authorized Member

[illegible]

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**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.

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Filing Fee: \$25.00