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Office Use Only



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COVER LETTER

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Name of Li	mited Liability Company	
Amendment and fee(s) are su	abmitted for filing.	
ondence concerning this matte	er to the following:	
Antonia Magloire		
	Name of Person	
D.A Delights Services LI	.C	
	Firm/Company	
7499 NW 33rd Street		-3
	Mådress	
Hollywood FL,33024		
	City/State and Zip Code	-
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		ification)
g		
rn	at ()	
i Person	Area Code Daytin	w Telephone Number
e following amount:		
■ \$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)
<u>s:</u> ection	<u>Street Address:</u> Registration Sec	ction
orporations	Division of Cor	porations
L 32314		allahassee Street, Suite 810
	Antonia Magloire D.A Delights Services LL 7499 NW 33rd Street Hollywood FL,33024 dandadelights I 13@gmail.e E-mail address: oncerning this matter, please of Person se following amount: \$30.00 Filing Fee & Certificate of Status	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Antonia Magloire Name of Persoa D.A Delights Services LLC Firm/Company 7499 NW 33rd Street Address Hollywood FL,33024 City/State and Zip Code dandadelights113@gmail.com E-mail address: (to be used for future annual report not oncertuing this matter, please call: at (

Tallulances, FO 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.A Delights Service. (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 were filed on 04/02/2021 ____ and assigned Florida document member 121000154652 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: D&C Solutions Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) ति. भी अवस्थानीसम् कीर म्यूनिक्रम्पनी अनुस्ता अनीक्ष म्यूनिक्रम्पनी स्थिति वार्तिक्षण स्था स्था क्राय स्थापनीत <u>स्थापन की तीन व्यक्त स्था</u>निक्रम्पनी agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address. Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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
			□Add
			□Remove
			□Change
			□Add
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<u> </u>	Alter informatio			other information, enter change(s) here: (Attach additional sheets, if necessary)

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Filing Fee: \$25.00