L21000301642

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



300371634063

08/23/21--01015--018 **35.00



10/12/20219



September 2, 2021

DIANA GRATEROL 1100 S. MIAMI AVE MILLECENTO 1809 MIAMI, FL 33130

SUBJECT: DGL MULTI SERVICES LLC

Ref. Number: L21000301642

We have received your document for DGL MULTI SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Letter Number: 021A00021209

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

District ACC 11 DO DOV coop must be an accurate

COVER LETTER

TO: Registration : Division of Co			
	LTI SERVICES LLC		
SUBJECT:	Name of Lin	nited Embility Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DIANA GRATEROL		
		Name of Person	
		Firm/Company	
	1100 S MIAMI AVE MIL		
		Address	
	MIAMI, FL 33130		
	ENLAND CONTROLOUGH	City/State and Zip Code	···
	DIANA-GRATEROL@HO E-mail address: (to be used for future annual report noti	rication)
For further information	concerning this matter, please e	ull:	
DIANA GRATEROL		786 695-5515	
Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	L3 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Sec	etion
Division of C	Corporations	Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000301642</u>	were filed on $\frac{06/3}{}$	0/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company her	<u>e</u> :	
NONE			
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the de-	agnation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:	NONE		·-
(Principal office address MUST BE A STREET ADDRESS)			
		·	
Enter new mailing address, if applicable:	NONE		
(Mailing address MAY BE A POST OFFICE BOX)			
			·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ords, enter the name	
New Registered Office Address.	Enter Florid	r street address	<u></u>
		Florida	- 4
·····	City	,	Zip Code 💛
New Registered Agent's Signature, if changing Registered Agent:			至
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	re to act in this ca performance of m provided for in Ch	pacity. I further agre y duties, and I am fa apter 605, F.S. Or, i,	e to comply with the miliar with and this document is
If Chan	ging Registered Agent	, Signature of New Regis	stered 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>	Name	Address	Type of Action
AMBR	VALENTINA ALESSANDRA PECO	O (Aro) 1180 S MIAMI AVE MILLECENTO 1809 MIAMI	FL ≣Add
		33130	
			(] Change
			□Add
			DRemove
			DChange
			DAdd
		• ••••	□Remove
			El Change
- 			□Add
			_ []Remove
			_ Clunge
	···		□Add
	· 		_ []Remove
			_ [] Change
			_ 🗆 Add
			_ []Remove

_____ □Change

				· · · · · · · · · · · · · · · · · · ·		

-						
	<u> </u>					
						
	· · · · · · · · · · · · · · · · · · ·				·	
		-				
_						
Note: If	e date, if other than to ive date is listed, the date in the date inserted in this t's effective date on the	block does not a	neet the applical	odate of filing or mor ble statutory filing	(option: e than 90 days after fili requirements, this da	ng.) Pursuant to 605,0207
e record s rd is tiled	pecifies a delayed effec	tive date, but not	an effective tim	ae, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
04	CTOBER 1ST		2021	_ •		
Dated		/ ~ \	12-7			
Dated		Signature of a r	nember in author	zed representative o	a member	
Dated		Signature of a c	heinber or author	zed representative o	a member	

Filing Fee: \$25.00