121000 326604

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	—_—. Filina Officer	
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Office Use Only



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COVER LETTER

TO: Registration : Division of C			t
DACA C	OMERCIAL SERCICES LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub pondence concerning this matter		
	Dieny Ceballos	-	
		Name of Person	
	DACA COMERCIAL SE	RVICES LLC	
		Firm/Company	
	8531 Queen Brooks Ct		
		Address	
	Temple Terrace FI 33637		
	MARCEBALLOS1012@H	City/State and Zip Code OTMAIL.COM	
		to be used for future annual report	notification)
For further information	concerning this matter, please c	all:	
Dieny Ceballos		813 330 8256	
Name	of Person	Area Code Day	time 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)	S60.00 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



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DACA	COMERCIAL	SERVICES	11C

(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 Florida document number 1.21000326604	y Company [,]	were filed on July	19, 2021 and assigned
This amendment is submitted to amend the following	 -		
A. If amending name, enter the new name of the l	imited liabi	lity company her	<u>e</u> :
The new name must be distinguishable and contain the words "I	Limited Liabili	ty Company," the des	ignation "L.L.C." or the abbreviation "L.L.C."
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)		8531 Queen Brooks Ct	
		Temple Terrace FI	
		33637	
		8531 Queen Brooks Ct Temple Terrace Fl	
		B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office a e:
Name of New Registered Agent:			
New Registered Office Address: 853	31 Queen Bro		la street address
Ten	nple Terrace	nner r toria	. Florida ³³⁶³⁷
		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.

	ation, enter change(s) here: (Attach additional sheets, if negessory)	
		 -
		
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<u> </u>		
ffective date, if other than the	date of filing: (optional)	
an effective date is listed, the date mus <u>sote</u>: If the date inserted in this blocument's effective date on the D	date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to ock does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.	605.0207 (3)(listed as the
record specifies a delayed effectiv Lis filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day :	after the
	2021	
August 23		
Pated August 23	Jieny Reballos Sunature of a member or authorized representative of a member	

Filing Fee: \$25.00