

L21000351182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

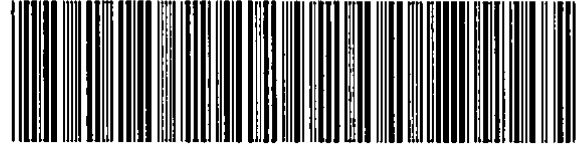
(Business Entity Name)

(Document Number)

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2021 SEP 21 AM 8:21  
SECY TALLAHASSEE FL

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

22

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ED

8:00

August 31, 2021

AVIDANEIL SANCHEZ LAYNEZ  
4508 E 10TH AVE  
TAMPA, FL 33605

SUBJECT: DANIEL'S LAWCARE SERVICES LLC  
Ref. Number: L21000351182

We have received your document for DANIEL'S LAWCARE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On line A is if you are amending/ changing your LLC name, if not please remove the name on line A. Please check the type of action you are wanting for Avidaniel on the amending authorized person page. Please make sure the second last name on the amending authorized person page is fully typed out. It appears part of the last name is missing.

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.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 021A00020985

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: DANIEL'S LAWCARE SERVICES LLC  
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:

AVIDANIEL SANCHEZ-LAYNEZ

Name of Person



Firm/Company

4508 E. 10TH AVE

Address

TAMPA, FL 33605

City/State and Zip Code

BORREROARASELE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AVIDANIEL SANCHEZ-LAYNEZ

813

345-1177

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)

\$60.00 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**

DANIEL'S LAWCARE SERVICES LLC

(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 08/04/2021 and assigned Florida document number L21000351182.

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:

(Principal office address MUST BE A STREET ADDRESS)

4508 E. 10TH AVE

TAMPA 33605

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4508 E. 10TH AVE

TAMPA 33605

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2021 SEP 21 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE FL

**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:

AVIDANIEL SANCHEZ-LAYNEZ

New Registered Office Address:

4508 E. 10TH AVE

*Enter Florida street address*

TAMPA

*City*

Florida

33605

*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



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**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.

If the record 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 record is filed.

Dated AUGUST 10TH, 2021

*[Handwritten Signature]*  
Signature of a member or authorized representative of a member

AVIDANIEL SANCHEZ-LAYNEZ  
Typed or printed name of signee