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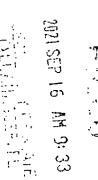
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TO RRUCE SEP 29 2021

COVER LETTER

Division of Cor				•
	SERVICES LLC		•	
SUBJECT:		Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DANIEL CUESTA MONT	TES DE OCA		
		Name of Person		
	DC PRIME SERVICES LI	C		
		Firm/Company		
	2259 SE CARNATION RI)		
		Address		
	PORT ST LUCIE, FL			
		City/State and Zip Code		
	CUESTA8668@YAHOO.F	S to be used for future annual report notifies	ation)	
For further information c	concerning this matter, please c			-
		at ()		2021 SEP
Name o	of Person	Area Code Daytime T	elephone Number — :	70 mm
Enclosed is a check for the	he 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 7 radditional copy is enclored.	w

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

DC PRIME SERVICES LLC	and Liability Company as it now appears on our record	de)		
(Name of the Lind	ted Liability Company as it now appears on our record (A Florida Limited Liability Company)	13.)		
he Articles of Organization for this Limited L	Liability Company were filed on 08/13/2021	an	d assign	ied
lorida document number L21000364763				
,				
his amendment is submitted to amend the fol	lowing:			
a. If amending name, enter the new name o	of the limited liability company here:			
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	or the abbreviation	m "L.L.C	
Inter new principal offices address, if appli	cable:	_		
Principal office address MUST BE <u>A STRE</u> I				
Tricipal Office address proof Be 71 9 FREE				
			 _	
Inter new mailing address, if applicable:				
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>			
. If amending the registered agent and/or	registered office address on our records, enter	the name of the	e per r	egiste
gent and/or the new registered office addre	ess here:	P S	I SEP	3
			1 3	1 12
Name of New Registered Agent:	DANIEL CUETA MONTES DE OCA		9)	e 12
	2259 SE CARNATION RD	() () () ('0))	- 	,]
New Registered Office Address:	Enter Florida street addre		<u> </u>	
			 ယ ယ	
	PORT ST LUCIE , FI	lorida 34952 77.		
	Cire	zin (Code	

New Registered Agent's Signature, if changing Registered Agent:

De una de centracec i l'e

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

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
MGR	DANIEL CUESTA MONTE DE OCA	2259 SE CARNATION RD	🗀 Add
		PORT ST LUCIE, FL 34952	≅ Remove
			□Change
MGR	DANIEL CUESTA MONTES DE OCA	2259 SE CARNATION RD	□Add
		PORT ST LUCIE, FL 34952	□Remove
			□Change
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			□Remove
			Change
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			Remove
			□Change

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Filing Fee: \$25.00