121000366643

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/18/22--01039--025 ++25.00

OVISION OF CONFORATIONS
OF STATE
OF STA

T. MATTHEWS MAY 2 4 2022

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
DOS INV LLC Name of Limited Liability Company			
Please return all correspo	indence concerning this matter	to the following:	
	DARIO ORTA SANTAN.	A	
		Name of Person	
DOS INV LLC Name of Limited Liability Company			
	11680 SW 168TH DR		
DOS INV LLC Name of Limited Liability Company			
	ARCHER, FL 32618		
DOS INV LLC Name of Limited Liability Company			
			(illimation)
For further information of			(TICARNIT)
		352 2344516	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			ection
-		Division of Corporations	
t aliahassee.	FL 52514	Z415 N. MONT	be succe, suite of 0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SECRETARY OF STATE OF ORGANIZATION DIVISION OF CORPORATIONS **OF**

22 APR 18 PM 1: 37

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Liability Company as it now appears on Florida Limited Liability Company)	our records.)
ility Company were filed on <u>08/16/2</u>	021 and assigned
ing:	
ne limited liability company here:	
Is "Limited Liability Company." the design	ation "LLC" or the abbreviation "L.L.C."
le:	·
ADDRESS)	
<u> </u>	
<u></u>	<u> </u>
	ds, enter the name of the new registe
Enter Florida si	rvet address
City	Florida Zip Code
	<u>ADDRESS)</u> DX)

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 atmending 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
AMBR	ORTA, PATRICIA	2738 CONWAY GARDENS RD	□Add
		ORLANDO, FL 32806	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Change
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			Remove
			Change
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			Remove
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	her information, enter				
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f an effective date is liste Note: If the date inse	ther than the date of fili ed, the date must be specific a crted in this block does not date on the Department of	and cannot be prior to date or t meet the applicable stat	filling or more than 90 day	(optional) is after filing.) Pursuant to 605.t is, this date will not be listed	0207 (d as tl
record specifies a de d is filed.	layed effective date, but n	not an effective time, at I	2:01 a.m. on the earlier	of: (b) The 90th day after	the
Dated		A STATE OF THE STA			
	Signature of	a member or authorized rep	presentative of a member		
	Pa	Tricio Dr	Ta		

Filing Fee: \$25.00