

K21000403020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

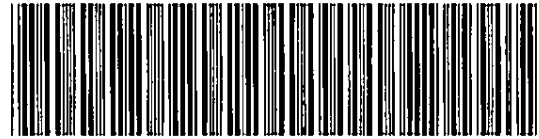
(Document Number)

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21 OCT 15 PM 3:23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D & S Family Hauling, 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:

Sylvia M. Godoy  
Name of Person

D & S Family Hauling, LLC  
Firm/Company

1125 NW 7<sup>th</sup> Ave  
Address

Cape Coral, FL 33993  
City/State and Zip Code

dsfamilyhauling@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvia M. Godoy at ( 305 ) 322-5909  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

D & S Family Hauling, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 9/10/2021 and assigned Florida document number L21000403020.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Sylvia M. Goday

New Registered Office Address:

1125 NW 7th Ave

Enter Florida street address

Cape Coral

City

Florida 33993

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

Title	Name	Address	21 OCT 15 PM 3: 21	Type of Action
MGR	Diory Gutierrez Rodriguez	1125 NW 7 <sup>th</sup> Ave		<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33993		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
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				<input type="checkbox"/> Change

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

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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 October 10 , 2021 .

  
Signature of a member or authorized representative of a member

Sylvia M Godoy  
Typed or printed name of signee