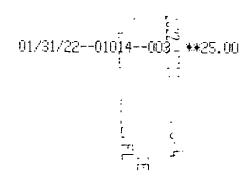
L22000025121

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer:	





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A. BUTLER FEB - 8 2022

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

7. k

TO: Registration 5 Division of Co				
D'E-COM	M LLC			
SUBJECT:	Name of Lin	ited Liability Company		
	· Auto Air Fill	ance is a second control of the second contr		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	DIAN M VELAZQUEZ G	ARCIA		
		Name of Person		
		Firm/Company		
	2910 W PINE ST			
	TAMPA, FL 33607	Address		
	DIAN.DECOMM@GMAII	City/State and Zip Code		
	E-mail address: (to be used for future annual report n	otification)	
For further information	concerning this matter, please c	all:		
DIAN M VELAZQUEZ GARCIA		813 613-7565		
Name	of Person	at () Area Code Dayt	ime 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	
<u>Mailing Addr</u>		Street Address:	, .	
Registration Division of	Section Corporations	Registration S Division of C		
P.O. Box 63		Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE-COMMULEC		د (*) ب جند می ر	
(Name of the Limited Liabi	lity Company as it now appears da Limited Liability Company)	on our records.)	
	- , ,		
The Articles of Organization for this Limited Liability	Company were filed on 01/1	1/2022	and assigned
lorida document number 1.22000025121	·		
his amendment is submitted to amend the following:			
If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Lin	mited Liability Company." the des	ignation "LLC" or the a	bbreviation "L.IC."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
nating datess MAT BE A FOST OF FICE BOAT			
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our rec	ords, <u>enter the nan</u>	ne of the new regis
Name of New Registered Agent:			
New Registered Office Address:	Example 2		
	f.nter Florid	a street address	
		, Florida	
	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.

• 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>	<u>Address</u>	Type of Action
AMBR	DIAN M VELAZQUEZ GARCIA	2910 W PINE ST	
		TAMPA, FL 33607	□ Add
			Remove
			™ Change
			□Remove
			Change
			□Remove
			□ Change
			□Add
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fective date, if othe	r than the date of fili	.ng:		(optiona	ıl)
ote. Ti the date inserte	the date must be specific a ed in this block does not ite on the Department of	t meet the applicabl	late of filing or more t e statutory filing red	han 90 days after fili quirements, this da	ng.) Pursuant to 605,0207 ite will not be listed as
	1 (2)	ot an effective time	, at 12:01 a.m. on th	ne earlier of; (b)	The 90th day after the
record specifies a delay is filed.	yed effective date, but n				
record specifies a delay	yed effective date, but n	2022			
record specifies a delay is filed. JANUARY 27		-· - <u>/</u> ///////////////////////////////////			
record specifies a delay is filed. JANUARY 27		2022	ed representative of a	member	

Florich Department of Stelf: Altached is the amend the Article of arganization for an LLC from along with a check for \$25.00. My pame and table needs to the changed. In ked of Dan M. Velarguez should wad Dan M. Velarguez Garcie. The connect title should be AMBR. The sheet number to contact me is: \$13-613-7565. and my addres is: 2910 w. Pine St., Tampa FL 33607. I also can she reached out by emoist at dian decomm@gmais.com. Thenk you for all you hup. Thenk you for all you hup.		1/27/22
Attached is the amendate laticle of argumetro for an LLC from along with a check for #25.00. My bane and table needs to the changed Invited of Dian M. Velarquez should wad Dian M. Velarquez Garcie. The connect title should be AMBR. The sheet number to contact me is: 813-613-7565 and my addres is: 2910 w. Pine St, Tampa FL 33607. I also can she reached out by email at dian decommon gracis com. Thenk you for all you hap.		
The hest number to contact me is: 813-613-7565 and my addres is: 2910 W. Pine St, Tampa FL 33607. I also can he reached at by email at dian decommagnail com. Thenk you for all you help.	Floride Department of Stete:	
·	The sheet number to contact me is addres is: 2910 W. Pine St, Tamps	: 813-613-7565 and my FL 33607. I also can
hegards,	Thenk you for all you hup.	
Dian M. Velasquez Garcia	Riegards, Dian M. Velarquez Garcia	