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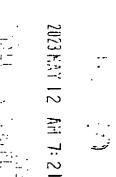
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

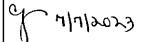




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COVER LETTER

TO:

Registration Section Division of Corporations

	ervices LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Ronald Achong		
		Name of Person	
	Dazzle Services LLC		
		Firm/Company	
	3180 Citrus Tower Blvd		
		Address	
	Clermont, FL 34711		
		City/State and Zip Code	_ _
	achongrealestate@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please co	all:	
Ronald Achong		352 989-7510	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dazzle Services LLC

2023 MAY 12 AH 7: 21

(A Florida Lie	mited Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Com	npany were filed on May 12, 2022		and assigned
Florida document number 1.22000222874			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	I.C" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>		
			
on the state of the black of the state of th			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		-	
B. If amending the registered agent and/or registered o	ffice address on our records, ent	ter the name	of the new regis
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Name Daniet and Office Address			
New Registered Office Address:	Enter Florida street add	lress	· ·
		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 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
AMBR	Shirley Tsang	3180 Citrus Tower Blvd, Clermont FL 34711	\ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date in this occurrent's effective date on the	nust be specific an block does not	nd cannot be prior meet the applic	able statutory filin	ore than 90 days after	onal) r filing.) Pursuant to 605. s date will not be liste	0207 d as
record specifies a delayed effec	tive date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of: (1	b) The 90th day after	the
i is filed.		2023				
		Ronal	A Acho	nç		