

122000312015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

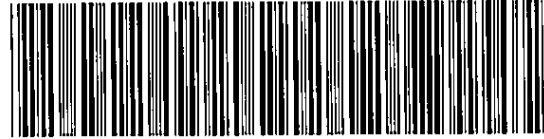
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV 28 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2022 NOV 28 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. BUTLER

NOV 29 2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 120210000160 Amount: \$25.00

Authorization Signature: _____

DATS SERVICES LLC L22000312015

James Fulem

Business

Document #

___ Walk in
___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ **Certified Copy of Articles of Incorporation**

___ **Certificate of Status**

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ LLLP
___ **CORP**

AMMENDMENTS

X Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/
___ Merger
___ Conversion
___ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

___ Annual Report
___ Fictitious Name

___ **APOSTIL**

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Statement of AUTHORITY
___ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DATS SERVICES 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:

MARIA RODRIGUEZ

Name of Person

Firm/Company

1317 EDGEWATER DRIVE, SUITE 3979

Address

ORLANDO, FL 32804

City/State and Zip Code

datsservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA RODRIGUEZ 407 6183369
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
Tallahassee, FL 32303

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

DATS SERVICES LLC

2022 NOV 28 AM 11:18

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

OFFICE OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/14/2022 and assigned
Florida document number L22000312015

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RAIMONDI, MARIA FLORENCIA	1317 EDGEWATER DRIVE, SUITE 3979	<input type="checkbox"/> Add
		ORLANDO, FL 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RODRIGUEZ, TOMAS	1317 EDGEWATER DRIVE, SUITE 3979	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 NOVEMBER 28, 2022

[Signature]
Authorized representative

Signature of a member or authorized representative of a member

RODRIGUEZ MARIA

Typed or printed name of signee