

122000349384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

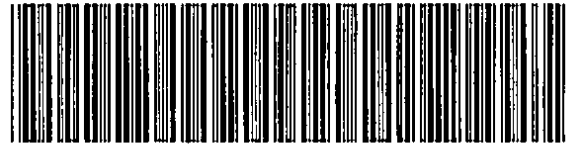
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FILED
SECRETARY OF STATE
2022 AUG 15 AM 8:45
OFFICE OF CORPORATIONS

2022 AUG 15
10:02 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DECOMAX MULTISERVICES 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:

PARCY V PORTES SANTANA

Name of Person

DECOMAX MULTISERVICES LLC

Firm/Company

1395 DOLPHIN HEAD ST

Address

DAVENPORT FL, 33896

City/State and Zip Code

decomaxmultiservices@gmail.com

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

For further information concerning this matter, please call:

PARCY V PORTES SANTANA 781 877-6359
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

DECOMAX MULTISERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08-08-2022 and assigned
Florida document number L22000349384

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:

PARCY V PORTES SANTANA

New Registered Office Address:

1395 DOLPHIN HEAD ST

Enter Florida street address

DAVENPORT

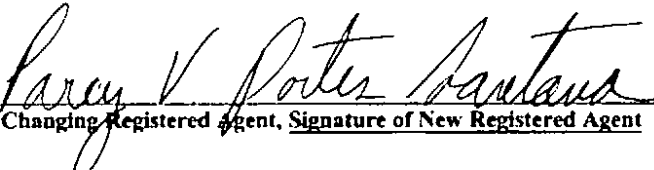
City

Florida 33896

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>
MGR	PARCY V PORTES SANTANA	1395 DOLPHIN HEAD ST	<input type="checkbox"/> Add
		DAVENPORT, FLORIDA	<input type="checkbox"/> Remove
		33896	<input checked="" type="checkbox"/> Change
MGR	CHRISTIAN HILP	164 CORK WAY	<input type="checkbox"/> Add
		DAVENPORT, FLORIDA	<input type="checkbox"/> Remove
		33897	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE ONLY CHANGES WE'RE ASKING FOR IS TO REMOVE THE SUFFIX (SR) FROM THE REGISTERED
AGENT NAME AND FROM BOTH MANAGERS AS WELL (SEE ATTACHED DOCUMENT)

THE CORRECT NAMES FOR THE MANAGER AND THE REGISTERED AGENT ARE

NAME: PARCY MIDDLE NAME INITIAL: V LAST NAMES: PORTES SANTANA

THE CORRECT NAME FOR THE OTHER MANAGER IS

NAME: CHRISTIAN LAST NAME: HILP

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 08-12-2022 8:00 am

Signature of a member or authorized representative of a member

Parcy V. Portes Santana
Typed or printed name of signer

Filing Fee: \$25.00



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
DECOMAX MULTISERVICES LLC

Filing Information

Document Number L22000349384
FE/EIN Number NONE
Date Filed 08/08/2022
Effective Date 08/05/2022
State FL
Status ACTIVE

Principal Address

1395 DOLPHIN HEAD ST
DAVENPORT, FL 33896

Mailing Address

1395 DOLPHIN HEAD ST
DAVENPORT, FL 33896

Registered Agent Name & Address

PORTES SANTANA, PARCY V, SR.
1395 DOLPHIN HEAD ST
DAVENPORT, FL 33896

Authorized Person(s) Detail

Name & Address

Title MGR

PORTES SANTANA, PARCY V, SR.
1395 DOLPHIN HEAD ST
DAVENPORT, FL 33896

Title MGR

HILP, CHRISTIAN, SR.
164 CORK WAY
DAVENPORT, FL 33897

Annual Reports

No Annual Reports Filed