## 12300027404

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

Office Use Only



600403186306

41/28/23 V.LN

## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

BUSINESS NAME AS: DIEUVIL SERVICES LLC SUBJECT: 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: JOSEPH DIEUVIL Name of Person Firm/Company 1200 SW 27TH PL Address BOYNTON BEACH, FL 33426 City/State and Zip Code DIEUVILFR@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSEPH DIEUVIL 683-6886 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & **1** \$60.00 Filing Fee. □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DHEUVIL SERVICES LLC			
(Name of the Limite	d Liability Company as it now ap A Florida Limited Liability Compai	pears on our records.)	
he Articles of Organization for this Limited Lic		01/13/2023	and assigned
orida document number 1.23000027404	·		
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liability compan	v here:	
DIEUVIL SERVICES LLC			
he new name must be distinguishable and contain the we	ords "Limited Liability Company," t	he designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:		
	T ADDRESS)		
Principal office address MUST BE A STREE.	ADDICE.007		
Principal office address MUST BE A STREE			<u> </u>
Principal office address MUST BE A STREE.			
inter new mailing address, if applicable:			
nter new mailing address, if applicable:			
inter new mailing address, if applicable:			
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	30N)	ir records, enter the	name of the new registo
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE I</u> . If amending the registered agent and/or re	gistered office address on ou	ır records, <u>enter the</u>	name of the new regist
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE I</u> . If amending the registered agent and/or re	gistered office address on ou	ır records, <u>enter the</u>	name of the new regist
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE I</u> . If amending the registered agent and/or re	gistered office address on ou	ır records, <u>enter the</u>	name of the new regist
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE I  If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:	gistered office address on ou	ir records, enter the	name of the new regist
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE I</u> . If amending the registered agent and/or regent and/or regent and/or the new registered office address	gistered office address on ou s here:	ır records, <u>enter the</u> Florida street address	name of the new regist
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE I  If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:	gistered office address on ou s here:		

## 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
			ZRemove
			□Change
			CRemove
			[]Change
			□Remove
•	·		⊆Change
			⊒Add
			= Remove
			Change
			🖂 Add
			ERemove
			_ (t

	•
	·
	·
10 cc	01/12/2023 (optional)
(If an el Note:	(optional)  Rective date, if other than the date of filing:  (optional)  Rective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he reco	rd 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 fled.
Dated	01/13/2023
	Signature of a member or authorized representative of a member
	JOSEPH DIEUVIL

Filing Fee: \$25.00

Note	tive date, if other than the date of filing:  (01.12/2023 (optional)  ffective 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
e record is I	ord 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 filed.
	1 01/13 2023
Dated	
Date	Signature of a membersor authorized representative of a member

Filing Fee: \$25.00