

(Re	questor's Name)	
(Ad	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to i	Filing Officer:	

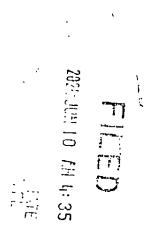
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COVER LETTER

TO: Registration Section

Division of Corpo	orations		
SUBJECT DOMIN	corLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of Ai	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	STA ONES IS	11150	
	Dono Alto	Name of Person	
	Domilear		
			
	1355 NW 7+	th st apt 302	
		Address	
	Miami, F	FL 33125	
		City/State and Zip Code	
	damilear	650 gmal COX	$\uparrow \uparrow$
	E-mail address: (t	to be used for future annual report notif	(cation)
For further information con	cerning this matter, please co	all:	
- 110	, 0		
15abel 5	<i>Souchanay</i> —	at (<u>959</u>) <u>980 -</u> Area Code Daytime	6661
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 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 Se	etion	Registration Sec	
Division of Co	porations	Division of Corp	
P.O. Box 6327 Tallahassee, FL	32314	The Centre of Ta	allahassee : Street, Suite 810
i dilaliannee, I t		Tallahassee, FL	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

III T'IN

Danilear II	d Liability Comp A Florida Limited	any as it now appears on our Liability Company)		110 fil 4: 35
The Articles of Organization for this Limited Lia Florida document number <u>L23000862</u>	bility Company	1	•	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited lial	bility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liab	ility Company," the designatio	n "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica		1355 NW 77 FL 33125	hst opt	302, Miami
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	1355 NW FL 33125	7th stap	t 302, Miami
B. If amending the registered agent and/or re agent and/or the new registered office address	4.7	address on our records,	enter the nam	e of the new registered
Name of New Registered Agent:	Isabel N. Sa	ndoval Alfonzo		
New Registered Office Address:	9076 Dowde	n Road, Apt 208.		
		Enter Florida stree	t address	
		Orlando	, Florida	32728
		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	Marrie Rebeard Comep	1355 nw 7th st apt 302 miami Fl 33125	■Add
			□Remove
			Change
			🖸 Add
			□ Remove
			[] Change
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			[] Change
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f an effective date is Note: If the date i	other than the date listed, the date must be sp userted in this block d we date on the Departi	pecific and cannot be locs not meet the a	applicable statutory	or more than 90 day	(optional) is after filing.) Pursuant is, this date will not	tto 605,0207 be listed as
e record specifies and is filed.	delayed effective date	2. but not an effec	tive time, at 12:01 a	n.m. on the earlier	of: (b) The 90th da	iy after the
Dated <u>04 12</u>	7		124			
		1-	2			
Daicu <u> </u>		///				
Dated <u>O 110-</u>	Signy	nure of a member o	r authorized represent	lative of a member		

Filing Fee: \$25.00



May 22, 2024

DAVID ALFONZO

1355 NW 7TH ST APT 302 MIAMI, FL 33125 US

SUBJECT: DAMILCAR LLC Ref. Number: L23000086399

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 924A00011166

Tyreek L Greene Regulatory Specialist II



June 11, 2024

DAVID ALFONZO 1355 NW 7TH ST., APT. 302 MIAMI, FL 33125 US

SUBJECT: DAMILCAR LLC Ref. Number: L23000086399

We have received your document for DAMILCAR LLC and check(s) totaling \$. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$25.00. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 124A00012700

Jalesa S Dennis Regulatory Specialist II Supervisor