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PICK-UP	☐ WAIT	MAIL MAIL
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Special Instructions to	Filing Officer:	
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CEO E123/2023

COVER LETTER

TO:

TO: Registration Se Division of Cor				
D&I AUTO	OMOTIVE LLC			
JOBSECT.	- ·	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	DARYLL PATTERSON			
	@ Day Rot	Name of Person Helsey Firm/Company		
	621 DAVID ST			
	·	Address		
	WINTER SPRINGS, FL 3	2708		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	 	
	MANAGER@YOLANDA			
For further information co	E-mail address: (oncerning this matter, please co	to be used for future annual report noti all:	fication)	
DARYLL PATTERSON	i	407 321 458 550)1	
Name of	f Person		e Telephone Number	
Enclosed is a check for th	ne 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)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&LAUTOMOTIVE LLC

2023 MAY - 3 AM 7: 48

(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 02/21/2023 and assigned Florida document number _L23000092601 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: D&LSERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." DARYLL PATTERSON Enter new principal offices address, if applicable: 621 DAVID ST (Principal office address MUST BE A STREET ADDRESS) WINTER SPRINGS, FL 32708 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

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.

City

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>Titie</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Remove
			□Change
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