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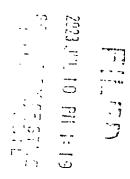
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Y. SCOTT 'AUG 1 3 2023

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
SUBJECT: D	<u> </u>	SERVICES, L	LC
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Darier	n C. Nunez	
		Darien Nunez Firm/Company	
	331	Saugrass Place	
	Casselber	ry Florida Z	52707 (G) 13
	E-mail address:	Services . fle gmail (to be used for future annual report notion	fication)
For further information	concerning this matter, please of	call:	
<u>Darier</u>	Of Person	at (407) 702 Area Code Daytim	- 3149 e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Se Division of Cor	
P.O. Box 63		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D's 15	Stop Services, LLC	
(Name of the Limited Liability Co	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23 00 0111 038</u> .	spany were filed on $\frac{3}{2}/\frac{2023}{2023}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
Destinations by Da	rien, LLC	
The new name must be distinguishable and contain the words. Limited I	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	(S) 331 Sangrass Place, Casselborry FL 327	07
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	331 Sangrass Place, Casselborry FL 327	70
B. If amending the registered agent and/or registered off	ffice 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:	N/A	
New Registered Office Address:	N/A	
	Enter Florida street address	
	NA Florida N/A Zip Code	
New Registered Agent's Signature, if changing Registered Ag	gent:	
provisions of all statutes relative to the proper and comp	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Change
	N/A		` S}□Add
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	,		□Remove
			□Change
	N/A		□ Add
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Filing Fee: \$25.00