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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

EFILE1234@INCFILE.COM Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOWN YONDER DIVE SERVICES L.L.C.



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M. SOLOMON

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## **COVER LETTER**

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TO: Registration 8 Division of Co				
	YONDER DIVE SERVIC	ES L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	<del>-</del>	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person	<u> </u>	_
		Firm/Company		_
	17350 STATE HWY 249	#220		202 
	1000	Address		00.
	HOUSTON TEXAS 7706		<del> </del>	- <del>2</del> 2
	EFILE1234@INCFILE.CC	City/State and Zip Code		2024-OCT 21 LM II: 02 SECRETARE SEEFE
		to be used for future annual report notif	fication)	
	concerning this matter, please c			<sup>111</sup> ₩
LOVETTE DOBSON		8884623453 at()_		
Name	of Person	Area Code Daytim	c Telephone Numbe	ег
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00) Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite	810

**1ENDMENT** (((H24000349074 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ • · · · · · • · ·	IDER DIVE SERVICES L.L.C.	
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 03/14/2023	and assigned
Florida document number L23000132008	<del></del>	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
DOWN YONDER GENERAL SERVICES L.L.C.		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		💊
• • •		- 10 <b>22</b>
(Principal office address MUST BE A STREET AD	DRESS)	001
	<del></del>	
		<b>→</b>
Enter new mailing address, if applicable:		SSS E
.,		mo = D
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registe agent and/or the new registered office address here  Name of New Registered Agent:		ame of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciţi	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered age, provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	I complete performance of my duties, and I ar I agent as provided for in Chapter 605, F.S. C ered office address, I hereby confirm that the	n familiar with and Or, if this document is
	If Changing Registered Agent, Signature of New	Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			_ Remove
			_ Change
			_ Dadd
			□Remove
			_ Change
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