## L23000149391

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PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

· TO:

	Registration Security Division of Cor			
CHD IE		SERVICES LLC		
SUBJEC	.l:	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		ADEL ALVAREZ GARC	ES	
			Name of Person	
		DA GOLD SERVICES LI	LC	
			Firm/Company	
		2004 RIBBON TER		
			Address	<del></del>
		NORTH PORT, FL 34286	5	
			City/State and Zip Code	<del></del>
		E-mail address: (	dama74@gma?l	· Corr
For furth	er information co	oncerning this matter, please c	all:	
ADEL A	ALVAREZ GAR	CES	832 525-5549	
	Name of	Person		e Telephone Number
Enclosed	l is a check for th	e following amount:		
<b>■</b> \$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 Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cou The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

## ARTICLES OF AIVIL... TO ARTICLES OF ORGANIZATION; OF 2023 OCT 20 PH 12: 04

Zip Code

DA GOLD SERVICES LLC

(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	ompany) INLL	AHASSEF FLOATE
The Articles of Organization for this Limited I Florida document number L23000199391	Liability Company were file	ed on 04/24/2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or (	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	······································	
Enter new mailing address, if applicable:		<del></del>	
Mailing address MAY BE A POST OFFICE	<u></u>		<del></del>
3. If amending the registered agent and/or gent and/or the new registered office address.	8	on our records, enter the	name of the new registe
Name of New Registered Agent:	ADEL ALVAREZ GAR	CES	·····
New Registered Office_Address:	2004 RIBBON TER		
		Enter Florida street address	
	NORTH PORT	The state	34286

## 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 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
P	FERNANDO D ALONSO ROCHA	2004 RIBBON TER	
		NORTH PORT, FL 34286	<b>≡</b> Remove
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			□Remove
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and the only Registered Agent	Name from the company.		
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			DA F
effective date is listed, the date must e: If the date inserted in this blo	ate of filing:  be specific and cannot be prior to date of files does not meet the applicable statuto	ing or more than 90 days after	filing.) Pursuant to 605.02
ument's effective date on the De	artment of State's records.		
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b	) The 90th day after the
October 17 th.	2023		
<u></u>	<u> </u>		
	<i>T</i>	entative of a member	