L23000231120

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	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	Filing Officer:	
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COVER LETTER

TO:	Registration Sec Division of Corp			
cup n	D.S.I. 12 L1	.C		
SUBJE	.cr:	Name of Limi	ted Liability Company	
The en	closed Anicles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	(
		MARTA RODRIGUEZ		
			Name of Person	
		UNLIMITED SERVICES	2 LLC	
			Firm/Company	
		1477 NW 91ST AVE, STE	. 1216	
			Address	
		CORAL SPRINGS FL 330	71	,
			City/State and Zip Code	
		UNLIMITEDSVCS2@GM.		<u> </u>
			to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please co	all:	
MART	TA RODRIGUEZ		754 269-7727 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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 Division of C P.O. Box 632 Tallahassee, I	Section corporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations dlahassee Street, Suite 810

no of

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D.S.I. 12 LLC		
(<u>Name of the Limited Lia</u> (A Floi	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L23000231120	y Company were filed on MAY 10, 2	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	on "LLC" or the aboreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE <u>BOX)</u>		•
B. If amending the registered agent and/or registe agent and/or the new registered office address her		enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		Florida
	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
MGR	MAURO A CIFUENTES	21251 SAN SIMEON WAY	= Add
	12	APARTMENT 202	□Remove
		NORTH MIAMI FL 33179	□Change
			□ Add
			□Remove
			🗆 Add
			🗀 Remove
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change

							
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offective d	late, if other than date is listed, the date e date inserted in thi effective date on th	is block does no	t meet the applic	cable statutory fi	more than 90 days ling requirements.	optional) after filing.) Pursuant this date will not l	to 605.0207 (be listed as t
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Filing Fee: \$25.00