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(Address)
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(City/State/Zip/Phone #)
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SEP 17
S. PRATHER



July 18, 2024

FLAGLER MULTISERVICE LIMITED LIABILITY COMPANY EDGAR VEGA 1199 WEST FLAGLER ST SUITE 18 MIAMI, FL 33130 AUG 1 9 2024

SUBJECT: CHA LA DOCTA LLC Ref. Number: W24000103979

We have received your document for CHA LA DOCTA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 224A00015662

Stacy Prather Regulatory Specialist III

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Flagler Multi Service LLC Name of Limited Liability Company	-
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Edger Vego	_
Name of Person	
Firm	_
Firm/Company	
690 SW 1St Ct Apt 1004	_
Mizmi FL 33130	
City/State and Zin Code Cagar. Vego 001 (3) 4 m21. com E-mail address: (lo be used for future annual report notification)	_
For further information concerning this matter, please call:	
Elgo Vego at (786), 663-385 Name of Poson Area Code Daytime Telephone Numb	<u>Z</u>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

O)F	71.14 1939
Flag Ler Multi Se- J (Name of the Limited Liability Comps (A Florida Limited	rvice LLC	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>230024969</u> 5	were filed on 5 22 23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
DOCTA ESTATES L	-LC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	690 SW 1st	<u>CT</u>
Trincipul office address most be A STREET ADDRESS	Mizmi, FL 33	5)30
Enter new mailing address, if applicable:	Some Above	<u>. </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Pine, 1 to tan 20 eet ann e22	
	, Florida	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.

Il 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	Edgar. Vego	690 sw 1st Ct	tz/Add
	0	690 SW 1st Ct Apt 1004 Mizmi FL 33130	□Remove
		Mizmi FL 33130	□Change
			□Add
			□ Remove
		 .	□Change
			□Add
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te: If the da	e is listed, the date in ite inserted in this	block does not	meet the applica	o date of filing or mo ble statutory filing	re man 90 days a requirements,	this date will r	not be listed
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	es a delayed effect	tive date, but no	t an effective tir	ne, at 12:01 a.m. o	n the earlier of	(b) The 90tl	n day after t
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Filing Fee: \$25.00