

L23 000 438 847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

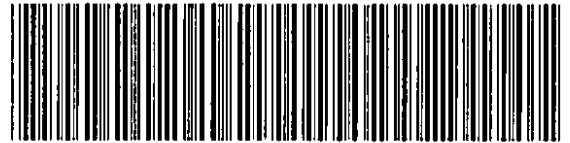
(Business Entity Name)

(Document Number)

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2024 SEP -6 AM 10:37
SECRETARY OF STATE
FALL ANDERSON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCAN Solutions 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:

Latoshia Phillip
Name of Person

Firm/Company

504 S 4th St Apt 1G Lake Wales
Address

FL 33853
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Latoshia Phillip at (863) 521-4934
Name of Person Area Code Daytime Telephone Number

2014 SEP -6 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed is a check for the following amount:

☒ \$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 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
OF**

DCAN Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Sept. 20, 2023 and assigned Florida document number L23000438.847

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

Latoshia Phillips

New Registered Office Address:

504 s 4th st apt 1G

Enter Florida street address

Lake Wales

City

Florida

33853

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.

L. Phillips

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>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>Ocie B. Wade</u>	<u>214 Louise Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Dundee, FL 33838</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mgr</u>	<u>Latoshia M. Phillips</u>	<u>504 s 4th st Apt 1 G</u>	<input checked="" type="checkbox"/> Add
		<u>Lake Wales FL, 33852</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2021 SEP 10 11:10:37
SECRETARY (C) J. T. HALL
TALLAHASSEE, FL

2024 SEP -6 AM 10:00
SECRETARY
TALLAHASSEE
FLA

2024 SEP -6 AM 10:37
SECRET
TALLMAN 9 SEP 64

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Sept 3. 2024.

Signature of a member or authorized representative of a member

Latoshia Phillips
Typed or printed name of signee

Filing Fee: \$25.00