## L24000026419

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## **COVER LETTER**

TO:

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ലാല്ഗ	ین منابع DAKINE C	LEANING SERVICES LLC	s.	
SUBJECT	•	Name of Limi	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	omitted for tiling.	
Please retu	ırıı all correspoi	ndence concerning this matter	to the following:	
		W SCOTT PACETTI		
			Name of Person	<u> </u>
	Division of Corporations  UBJECT: DAKINE CLEANING SERVICES LLC  Name of Limited Liability Company  he enclosed Articles of Amendment and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:    W SCOTT PACETTI			
SUBJECT: DAKINE CLEANING SERVICES 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:  W SCOTT PACETTI  Name of Person  Cowan & Pacetti Inc  Firm/Company  3275 US Hwy I South  Address  Saim Augustine  City/State and Zip Code  SCOTT@COWAN-PACETTI.COM  E-mait address: (to be used for future annual report notification)  For further information concerning this matter, please call:  W SCOTT PACETTI  Name of Person  at (904) 824-8463  Area Code  Daysine Telephone Number  Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee				
	Division of Corporations  UBJECT: DAKINE CLEANING SERVICES LLC  Name of Limited Hability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:  W SCOTT PACETTI  Name of Person  Cowan & Pacetti Inc  Firm/Company  3275 US Hwy 1 South  Address  Saint Augustine  City/State and Zip Code  SCOTT@COWAN-PACETTI.COM  F-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  W SCOTT PACETTI  Name of Person  Area Code  Daytime Telephone Number  S25.00 Filing Fee  Certificate of Status  Certified Copy (udditional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations			
			ent and fee(s) are submitted for filing.  concerning this matter to the following:  COTT PACETTI  Name of Person  an & Pacetti Ine  Firm*Company  US Hwy I South  Address  [Augustine  City/State and Zip Code  T@COWAN-PACETTLCOM  F-mail address: (to be used for future annual report notification)  g this matter, please call:  at (904)  Area Code  Daytime Telephone Number  0.00 Filing Fee & Certified Copy (additional copy is enclosed)  Street Address: Registration Section  Division of Corporations The Centre of Tallahassee	
		Saint Augustine		
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For further	information co	oncerning this matter, please ca	aii:	
W SCOT	Г РАСЕТТІ		at (904 ) 824-8463	
	Name of	Person	Area Code Daytime Telephone Nurr	nber on
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<b>\$25.00</b>	9 Filing Fee		Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Triing ree; Teate of Status & Ted Copy
Ε	Division of C	orporations	Division of Corporations	
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAKINE CLEANING SERVICE	S LLC	
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{01}{2}$	1/2024 and assigned
Florida document number L24000026419	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>.</u> e:
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "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:		
Mailing address MAY BE A POST OFFICE		
	-	r m
B. If amending the registered agent and/or agent and/or the new registered office addre		cords, enter the name of the new registe
		100 0
Name of New Registered Agent:	ROBERT W CONNOR	7 7 7
New Registered Office Address:	323 ALCAZAR ST	tas ,
	Enter Florid	la street address
	ST AUGUSTINE	Florida _ <sup>32080</sup>
	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>	Name	Address	Type of Action
MGR	WILLIAM CONNOR	323 ALCAZAR ST	
		ST AUGUSTINE, FL 32080	Remove
			□Change
MGR	ROBERT W CONNOR	323 ALCAZAR ST	■ Add
		ST AUGUSTINE, FL 32080	□Remove
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			□Remove
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Signature of a member or authorized representative of a member	Dated	FEBRUARY I	
Signature of a member of authorized representative of a member		(Kul the last comments)	
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