L 24000094808

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500422726875

61/50/24--01016--007 **25.60

ZuZi - 130 J 11:08

C/ 2/10/2024

COVER LETTER

. COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Dee Lux 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:
Carol D. Hills Name of Person
Dee Lux Services LC Firm/Company
7402 N 56th St Ste 355PMB#
City/State and Zip Code City/State and Zip Code Cee Lux. Org Dee Lux. Org E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ORO HIS at (813), 708-4188 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

DEE LUX SERVICE	2024 CTI 30 THI: 08
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>134000368</u> 08	were filed on 114 24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1402 N 56454 Ste 355 MB
(Frincipal office address MOST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7402 N 56th St Ste 355 PMP Tampa, FL 33617
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 name of the new registered
Name of New Registered Agent: New Registered Office Address:	Crol D. Hills 22 N. 512th St. Ste 355 PMB#
	Enter Florida street address 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	<u>Address</u>	Type of Action
WER	Carol Hills	7402 N 5645+ Ste35	5PMB#
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□ Add
			Remove
			□ Change

(If an o <u>Note</u>	ctive date, if other than the date of filing:
If the record is	ord 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 filed.
Date	1 Jan 26th, 2004.
	Signature of a member or authorized representative of a member

E. 635.00