

4/22/24, 12:03 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L240001457013**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000145701 3)))



H240001457013ABCY

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ALC CONSULTING SERVICES INC  
Account Number : I20200000139  
Phone : (407)801-1529  
Fax Number : (407)386-6503

2024 APR 22 16:10:49

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: MILERSUAREZ62@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DMB REMODELING SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

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APR 3 2 2024

T. LEMIEUX

**COVER LETTER**

(((H24000145701 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: ~~DMB REMODELING 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:

LORENA C RIOS

Name of Person

ALC CONSULTING SERVICES INC %ALC Tax & Accounting

Firm/Company

520 NORTH SEMORAN BLVD STE 255

Address

ORLANDO, FL 32807

City/State and Zip Code

LORENA@ALCTAXACC.COM

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

For further information concerning this matter, please call:

LORENA C RIOS

407 801-1529

at ( )

Name of Person

Area Code

Daytime Telephone Number

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

(((H24000145701 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H24000145701 3)))

DMB REMODELING SERVICES 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 FEBRUARY 20, 2024 and assigned Florida document number 1.24000088445

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

2059 DIXIE BELLE DR

(Principal office address MUST BE A STREET ADDRESS)

APT H

ORLANDO, FL 32812

Enter new mailing address, if applicable:

2059 DIXIE BELLE DR

(Mailing address MAY BE A POST OFFICE BOX)

APT H

ORLANDO, FL 32812

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:

NO CHANGE

New Registered Office Address:

2059 DIXIE BELLE DR APT H

*Enter Florida street address*

ORLANDO

Florida 32812

*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

(((H24000145701 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	MILER E ACUNA SUAREZ	3805 S FERN CREEK AVE	<input type="checkbox"/> Add
		ORLANDO, FL 32806	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MILER E ACUNA SUAREZ	2059 DIXIE BELIE DR	<input checked="" type="checkbox"/> Add
		APT H	<input type="checkbox"/> Remove
		ORLANDO, FL 32812	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 APRIL 12TH 2024

*[Handwritten signature]*

Signature of a member or authorized representative of a member

MILER E SUAREZ ACUNA

Typed or printed name of signee

((H24000145701 3)))

**Filing Fee: \$25.00**