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## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: DPR INTE	ERSERVICES LLC					
	Name of Lin	nited Liability Company				
	Amendment and fee(s) are sub	_				
	DAYAMI PEREZ RODR	IGUEZ				
	_ <del></del>					
DPR INTERTISERVICES LLC						
		Firm/Company				
	5840 W US HIGHWAY 9	92				
		Address		<b>20</b>		
PLAN CITY,FL 33566				2024 OCT 28 SECRETARY TALLAHA	CACOT	
		City/State and Zip Code		28 AHA	[	
	dayamipr72@gmail.com E-mail address: (	to be used for future annual	report notification)	PH C OF SSEE		
For further information c	concerning this matter, please c	all:		2:21 STATE E.FL	O	
DAYAMI PEREZ ROD	RIGUEZ	at ( ) 86.	3 473 2543			
Name o	f Person	Area Code	Daytime Telephone	e Number		
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	elosed) (	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S	Section		ation Section			
Division of Corporations		Division of Corporations				

The Centre of Tailahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this 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 03-08-2024 and assigned Florida document number 99-1796963

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:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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	e 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 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	
	s effective date on the Department of State's records.	
ne record sper ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
ora is illea.		
Dated JUL	Y 8 2024	
Dated vos	,	
	Afaul.	
_	Signature of a member or authorized representative of a member	
_	D. W. W. DEDEG D. O. D. G. U. G.	
1	Typed or printed name of signee	