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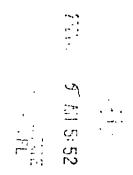
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

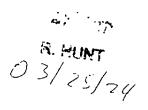




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COVER LETTER

TO:

	ration Sect n of Corpo			
DS SUBJECT:	S ESSENT	IALS LLC		
SUBJECT:	_	Name of Lim	ited Liability Company	
The enclosed Ar	rticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all	correspone	dence concerning this matter	to the following:	
		Luca Antonio De Simone		
			Name of Person	· ····································
		DS ESSENTIALS LLC		
			Firm/Company	· .
		7901 4TH ST N STE 300		•
			Address	· , và .
		St Petersburg, Florida 3370	12	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		info@globaltaxco.com	City/State and Zip Code	74 S
		E-mail address: (1	to be used for future annual report notif	ication)
For further infor	mation cor	ncerning this matter, please ca	nll:	
Miranda Insalat	a		305 9701300 at()_	
	Name of I	^P erson	Area Code Daytime	e Telephone Number
Enclosed is a ch	eck for the	following amount:		
■ \$25.00 Filir	ng 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)
Regist Divisi P.O. E	g Address: tration Se on of Co Box 6327 tassee, FI	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DS ESSENTIALS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our rec I Liability Company)	ords.)
The Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for the Articles of Organization for the Articles of Organization of the Articles of Organization of the Articles of Organization o	y were filed on 03/04/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "l	
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)		
Maning dadress MAT DE ATOST OFFICE DOXY		े हों ध
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	bess
		Florida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Claudio Humberto Sapag	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	□Remove
			□ Change
AMBR	Luca Antonio de Simone	7901 4TH ST N STE 300	■Add
		ST. PETERSBURG. FL 33702	□Remove
			Change
			—————————————————————————————————————
			Remove
			Change
			🗆 Add
			□ Remove
			□ Change
			□ Add
			□Reniove
			□Change
			□ Add
			□Remove
			□Change

Please show these AMB	R con the State Record			<u> </u>	·
					
					
					
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					<u> </u>
-	-				
					544
			 .		
					
				(options	aD.
ive date, if other than fective date is listed, the date	, must be execific and cam	or he prior to date	of filing or more the	n 90 days after fili	me.) Pursuant to 605.
If the date inserted in the nearly seffective date on the	is block does not meet be Department of State	uie applicable si 's records.	amory ning requ	menens, ans w	
rd specifies a delayed effe iled.	ective date, but not an e	ffective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after
nca.	`				
March 13th	. 20	024			
	10/1	c. l.			
	4-111-12		epresentative of a r		

Filing Fee: \$25.00