

L24000113017

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H24000191606 3)))



H240001916063ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : PEDRO LUZQUINOS  
Account Number : 120170000042  
Phone : (954)655-8413  
Fax Number : (954)432-8807

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

Email Address: PLUZQUINOSFC@HOTMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
D.P.C. SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN - 3 2024

2024 MAY 31 PM 1:53

FILED

STATE OF FLORIDA  
TALLAHASSEE

received

2024 MAY 31 AM 11:42

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE

H24000191606 J  
COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D.P.C. SOLUTIONS 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:

MONTANO LASERNA, SEBASTIAN

Name of Person

Firm/Company

214 LAKE POINTE DR #101

Address

OAKLAND PARK, FL 33309

City/State and Zip Code

PLUZQUINOSF@HOTMAIL.COM

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

For further information concerning this matter, please call:

PEDRO LUZQUINOS

954 655-8413  
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

H24000191606 J

H240001916067  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2024 MAY 31 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D.P.C. SOLUTIONS 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 03/08/2024 and assigned  
Florida document number 1.24000113017.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2592 HAVENWOOD RD APT 100

WEST PALM BEACH, FL 33415

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2592 HAVENWOOD RD APT 100

WEST PALM BEACH, FL 33415

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:

MONTANO LASERNA, SEBASTIAN

New Registered Office Address:

2592 HAVENWOOD RD APT 100

*Enter Florida street address*

WEST PALM BEACH

City

Florida 33415

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.

*Sebastian Montano*

If Changing Registered Agent, Signature of New Registered Agent

H240001916067

M240001916067

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>	<u>Type of Action</u>
AMBR	CRUZ PEREZ, DANIEL	214 LAKE POINTE DR #101	<input type="checkbox"/> Add
		OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MONTANO LASERNA, SEBASTIAN	2592 HAVENWOOD RD APT 100	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 MAY 31 PM 1:53  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED

M240001916067

H240001916063

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

2024 MAY 31 PM 1:53  
STANTON ST  
TALAMANS

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

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 MAY 30, 2024

Sebastian Martano

Signature of a member or authorized representative of a member

MONTANO LASERNA, SEBASTIAN

Typed or printed name of signee

H240001916063

**Filing Fee: \$25.00**