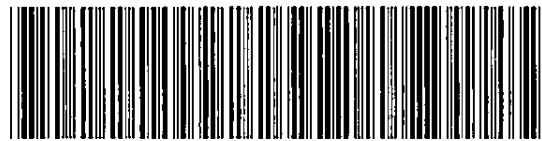


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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D \$ D TAX MULTISERVICES 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:

DAVID NICOLSON DETERVIL

\_\_\_\_\_  
Name of Person

D \$ D TAX MULTISERVICES LLC

\_\_\_\_\_  
Firm/Company

200 VIA LUGANO CIRCLE

\_\_\_\_\_  
Address

BOYNTON BEACH / FLORIDA / 33436

\_\_\_\_\_  
City/State and Zip Code

DETERVILDAVIDNICOLSON@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID NICOLSON DETERVIL

561 512-0806  
\_\_\_\_\_  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

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**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.

Dated March 27, 2024

Typed or printed name of Signee

**Filing Fee: \$25.00**