L24000186959

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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	ashas Service:	s LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		M Cherneychuk Name of Person	
	Dashas	Services LLC Firm/Company	
	12320 Bristo	Creek dr Address	
	Jacksonville	FL 32218 City/State and Zip Code Kdw gmail·com to be used for future annual report noti	
	Cherneychu E-mail address: (Kda gmail.com to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c		
Darya	f Person	at (<u>206</u>) <u>565</u> Area Code Daytim	8229 e Telephone Number
Enclosed is a check for th		•	
EX\$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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dashas S	ervices LLC	
(Name of the Limited Lia (A Flor	bility Company as it now appears on our rec rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number <u>L240D0186959</u>	Company were filed on 4/20/	2024 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
Dashas Consulting 5 The new name must be distinguishable and contain the words "I	pervices	
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation "l	LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<u> ·· ·· ·</u>	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ter the name of the new register
Name of New Registered Agent:		·
New Registered Office Address:		<u> </u>
	Enter Florida street ad	dress
<u>-</u>		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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			Change
			
		□Remove	
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			□Remove
			Change
			□Remove
			□Change

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ffectiv	e date, if other than the date of filing:(optional)	
<u>iote:</u> If	tive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.	
record Lis filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after it.	the
ated _	May 7 . 2024.	
	V	
	May 7 . 2024. Dayya Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00