

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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

**From:**  
 Account Name : INCFILE.COM LLC  
 Account Number : I20220000070  
 Phone : (888)462-3453  
 Fax Number : (877)919-2613

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

Email Address: EMAIL1234@INCFILE.COM

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FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
NOV 20 PM 4:50  
2024

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****DS&LC LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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K. SALY

NOV 21 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DS&LC 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:

LOVETTE DOBSON

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

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

17350 STATE HWY 249 STE 220

\_\_\_\_\_  
Address

HOUSTON, TX 77064

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

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON \_\_\_\_\_ 1 \_\_\_\_\_ 888-462-3453  
\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_ Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2024 NOV 20 PM 4:50  
SECRETARIAL  
TALLAHASSEE, FLORIDA

DS&LC 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 04/25/2024 and assigned Florida document number 124000194919.

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)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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 Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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>	<u>Type of Action</u>
AMBR	Lavaughna Christian	4603 Meadowbrook Ave	<input checked="" type="checkbox"/> Add

Orlando, FL 32808  Remove

Change

Add

Remove

Change

FILED

D. If including any other information, enter change(s) here: (attach additional sheets, if necessary)

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

If an *as received* date is listed, the date must be specific and cannot be prior to date of filing a claim. (See 90-day notice filing.) Pursuant to 605.1207 (1)(b),

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at 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 indexed.

David November 19th 2024

Wayne Smith  
or authorized representative, a. a.

*DeWayne Clark*  
Signature of a member or authorized representative, e.g., a member

Dwayne Smith

### Types of printed names of plants

Filing Fee: \$25.00