## L24000138805

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## **COVER LETTER**

• • • • • • • • • • • • • • • • • • • •	on Section f Corporations		
SUBJECT:	DIIKA Multig	SERVICE LLC	<u></u>
The enclosed Articl	es of Amendment and fee(s) are sub respondence concerning this matter	unitted for filing.	
	HialeAh	ST, Apt 3 Address  FL 33010  City/State and Zip Code  Company	
For further informa-	tion concerning this matter, please c	ath:	
DI/KA	LeyVA ame of Person	at ( <u>7 86)</u> <u>613 -</u> Area Code Daytime Tel	16 11 Tephone Number
Enclosed is a check	for the following amount:		
<b> </b>	ee 🔲 \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy 13 radditional copy is enclosed.
Division P.O. Box	ion Section of Corporations	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 321	ations ::

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DILKA MULTISERVICE LLC	
DILKA MULTI SEXVICE 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 $05/23/2024$ and assigned Florida document number $L24000238805$ .	
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 "LI C" or the abbreviation "LI.C."	
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)	
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registe</u> gent and/or the new registered office address here:	rec
gent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	istered
City Zip Code	
iew Registered Agent's Signature, if changing Registered Agent:	
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 eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability, ompany has been notified in writing of this change.	he
arphi	

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>	Address	Type of Action
MGR	DILKA LEYNA	75 W 11th St, Apt 3, HIA/cAh,	FL WAdd
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ective date, if other than the dat effective date is listed, the date must be	e of filing:	(option of more than 90 days after	o <mark>nal)</mark> filing a Pursugat to 605 120
e: If the date inserted in this block ument's effective date on the Depar	does not meet the applicable.	statutory filing requirements, this	date will not be listed a
and serietive date on the repair	ment of Mate Sicerias.		
ord specifies a delayed effective da filed.	te, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
0/2/10	2021		
ed 06/15	<u> 2024</u>		, ·
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