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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DWILL ZELLE SERVICES LLC**

Certificate of Status	0
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Corporate Filing Menu

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NOV - 1 2024

Registration Section

TO:

COVER LETTER

Division of Cor	rporations		
DWILL ZI SUBJECT:	ELLE SERVICES LLC		
30bJEC1	Name of Lim	ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		
	Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filling. correspondence concerning this matter to the following: Mike Town Name of Person Legalzoom.com. Inc. Firm/Company 9900 Spectrum Drive Address Austin, TX 78717 City/State and Zip Code dupuis.william1971@yahoo.com E-mail uddress: (to be used for future annual report notification) mation concerning this matter, please call: Name of Person Area Code Daytime Telephone Number		
	9900 Spectrum Drive		
	DWILL ZELLE SERVICES LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Mike Town Name of Person Legalzoom.com. Inc. Firm/Company 9900 Spectrum Drive Address Austin. TX 78717 City/State and Zip Code dupuis.william 1971@yahoo.com E-mail address: (to be used for future annual report notification) nformation concerning this matter, please call: Name of Person 1 R00 773-0888 Name of Person Area Code Daytime Telephone Number Acheck for the following amount: check for the following amount: check for the following amount:		
	Austin, TX 78717		
		City/State and Zip Code	
	dupuis.william1971@yahoo	o.com	
	É-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	all:	
Mike Town		at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

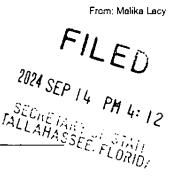
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DWILL ZELLE SERVICES 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 $\frac{06/03/2024}{1}$ and assigned Florida document number __L24000252291 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DWILL SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

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:

	Cirv	Zip Code
	F	lorida
New Registered Office Address.	Enter Florida street addre	ext.
New Registered Office Address:		
Name of New Registered Agent:		

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

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2024-10-30 14:21:37 PDT

LegalZoom.com, Inc.

From: Malika Lacy

☐ Change

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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			SEP Remove P
			Change 13
			☐ Remove
		-	Change
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			Remove
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			☐ Remove
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			Add
			☐ Remove

•	Page: 6 of 6	2024-10-30 14:21:37 PDT	LegelZoom.com, Inc.	From: Malika
D. It a	mending any other informati	on, enter change(s) here: (Attach add	litional sheets, if necessary.)	
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	ective date, if other than the c		(optional)	
			or more than 90 days after filing.) Pursuant to 60 ling requirements, this date will not be lis	
	tument's effective date on the Dep		ming requirements. This date will not be in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If the	record specifies a delayed	effective date, but not an effectiv	e time, at 12:01 a.m. on the earl	ier of:
(b) T	he 90th day after the reco	rd is filed.		
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Dat	ed <u>89/04/2</u>	027		
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		Workers William		
	\$	ignature of a member or authorized representa	tive of a member	
	DESDESSE MALE LANG			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00