## L24(CC 311149

(Requestor's Name)
(Address)
,
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Marile)
(Document Number)
Certified Copies Certificates of Status
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09/03/24--01035--016 \*\*25.00

FILED

2024 SEP -3 PM 2: 37

SECRETARY OF STATE



## **COVER LETTER**

Division of Cor	porations		
D&M PRO	SERVICES LLC		
SUBJECT:			
<del>-</del>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hayanne Dias Moreira		
		Name of Person	
	Crown Insurance Managen	nent LLC	
		Firm/Company	
	2481 SW Brescia st		
		Address	
	Port Saint Lucie Florida 34	1953	
	hayanne@crownwealthman	City/State and Zip Code agement.org	
	E-mail address: (	to be used for future annual report noti-	ication)
For further information of	oncerning this matter, please ca	all:	
Hayanne Dias Moreira		561 9619892	
Name o	of Person	at ()	: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$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)

TO:

Registration Section

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

D&M PRO SERVICES LLC		FILED
(Name of the Limited Liabil (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)
		2024 SEP -3 PH 2: 37
The Articles of Organization for this Limited Liability C		TALLAHASSEE, FL
Florida document number 1.24000311149	·	IALLAHASSEE, FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	****	
		<del></del>
B. If amending the registered agent and/or registere	ed office address on our record	ls, 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 str	vet address
		Florida
	Ciţy	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>	Address	Type of Action
MGR	Marcia Submo Nunes Meneses	171 SW PALM DR UNIT 208 PORT SAINT LUCIE, FL 34986	
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			□Remove
			ПСhапде
			🗆 Add
			□Remove
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