LULULO COTTUSS

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addross)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	☐ PICK-UP ☐ WAIT ☐ MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Sacritoso Elitity Hallio)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



100265494431

11/03/14--01032--009 **25.00

2014 NOV -3 PM 2: 27

ON OF MINE

COVER LETTER

		ration Secton of Corp						
SUBJEC		DANJO II LLC						
SUBJEC	.1;		Name of Lim	ited Liability Compan	у			
Th		: -1 A A		anista d San Silina				
			mendment and fee(s) are sub	_				
Please rei	iurn ali	correspon	dence concerning this matter	to the following:				
			Richard J. Monesca	lchi, Esq.				
	Name of Person							
			Richard J. Monesca	Ichi, P.A.				
				Firm/Compan	у			
	1035 S. State Road 7, Ste 216							
				Address	•			٠
Wellington, FL 33414							2014 33.0 34.0	
City/State and Zip Code.						2014 NOV -3 SACCETARY ALLAHASSE	-	
			, E-mail address: (to be used for future a	nnual report	notification)		-
For furthe	er info	rmation cor	ncerning this matter, please c	all:			PM 2: OF STA	
Richard	d J. N	/lonesca	lchi	561	968-78	77	M 2: 27	* ,
		Name of	Person	Area Code	Day	time Telephone Number		
Enclosed	lie a ak	neck for the	following amount:					
	00 Filir		\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop)	ру	Certified (of Status &	
		Registrat	NG ADDRESS: tion Section of Corporations (6327. see, FL 32314	Reg Div Cli	gistration Se vision of Con fton Buildin of Executive	rporations g · · · · · · · · · · · · · · · · · · ·		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANJO II LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L06000097458	y were filed on October 4, 2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviati L.L.C."
Enter new principal offices address, if applicable:		5 A
(Principal office address MUST BE A STREET ADDRESS)		7.55 T
		SSE 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PENAME FERRIDA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		the name of the ne
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member/being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Title Name Address 1115 Wellington View Drive Janine Foti **MGRM** □ Add Wellington, FL 33414 ■ Remove □ Add ____ 🗆 Remove _□ Add _□ Remove _□ Add ☐ Remove ☐ Add ☐ Remove

	enter change(s) here: (Attach addi.	.onu. sinceis, y noccosui y.
1		***
		<u> </u>
fective date, if other than the date	of filing:	(optional)
e date this document is filed by the Florida l		, oo more man yo aayo anor

Page 3 of 3

Filing Fee: \$25.00

2014 NOV -3 PM 2: 27