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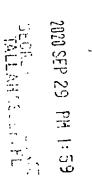


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## **COVER LETTER**

	Registration S Division of Co						
CUD IEC	Owen Dar	· . niel LLC	• 11 •				
SUBJEC'	Name of Limited Liability Company						
The enclo	sed Articles o	f Amendment and fee(s) are sub	mitted for filing				
		ondence concerning this matter	-				
		Owen D. Ruiz Pagan					
			Name of Person				
		Owen Daniel LLC					
			Firm/Company				
		13625 NE 6th Ave Apt 10	6				
		<del></del>	Address				
		North Miami, FL 33161					
			City/State and Zip Code	2020 SEP 29 SECKE AND A			
		产品 SE -					
For furthe	r information	E-mail address: ( concerning this matter, please c	to be used for future annual report notification) all:	: <del>-</del>			
Owen D.	Ruiz Pagan		787 568-1525	PH 1:			
	Name	of Person	at ()	<del></del>			
Enclosed	is a check for	the following amount:					
<b>■</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
F E		Section Corporations	Street Address: Registration Section Division of Corporation				
1.	P.O. Box 63	21	The Centre of Tallahasse	ee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Owen Daniel 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 8/8/20 \_\_\_\_\_ and assigned Florida document number \_\_L20000241174 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 "LL.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) 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 Cuv

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.

New Registered Agent's Signature, if changing Registered Agent:

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Owen D. Ruiz Pagan	13625 NE 6th Ave Apt 106 North Miami, FL 3310	61 <b>≣</b> Add
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			Channa

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