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(((H220003524073)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO Account Number : I20220000131 Phone : (305)610-2704 Fax Number : (305)647-6040

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DANLEO LLC

Certificate of Status	0
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Page Count	- 06
Estimated Charge	\$25.00

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T. LEMIEUX

OCT 17 2022

To: DIVISION OF CORPORATIONS	Page: 5 of 8	2022-10-13 19:54:07 GMT	13056476040	From: MADINA bahretdinova
		<u>:</u>		
,	COV	ER LETTER	: (((H22000352407	3)))
TO: Registration Section Division of Corpor	n ations			
DANLEO LLO	•			
SUBJECT:	Name of Limited Lia	hility Company		
The enclosed Articles of Art	endment and fee(s) are submitted	for filing.		
Please return all correspond	ence concerning this matter to the f	following:		
	STIVIN OSENIA			
		Name of Person		
	DANLEO LLC			
		Firm/Company		
	2501 S OCEAN DR APT 425	•		
		Address		
	HOLLYWOOD, FL 33019	! !		
		State and Zip Code		
	info@miaccounting.us			
		sed for future annual report notifical	ion)	
For further information con	cerning this matter, please call:			
STIVIN OSENIA		305 610-2704		
Name of F	erson	Area Code Daytime To	elephone Number	
		! !		
Enclosed is a check for the	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)	
		!		
Mailing Address Registration So		Estreet Address: Registration Section	on	
Division of Co	rporations	Division of Corpo	orations	
P.O. Box 6327 Tallahassee, F		The Centre of Tall 2415 N. Monroe		
rananassec, r		Tallahassee, FL 3		
		1		
		:		,

(((H22000352407 3)))

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(((H220003524073)))

13056476040

DANLEO L	C		
DANLEOL		Company as it now appears on our records.) mited Lubility Company)	=
	(A Florida I.i	mited Liability Company)	
The Articles of Organizati	on for this Limited Liability Cor	npany were filed on	and assigned
Florida document number	L22000210930		
This amendment is submit	ted to amend the following:		
A. If amending name, co	ter the new name of the limite	d liability company here:	
The new name must be disting	ishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offi	es address, if applicable:		
(Principal office address	<u>MUST BE A STREET ADDRE</u>	<u>S(S)</u>	
		:	
Enter new mailing addr	ess, if applicable:		
(Mailing address MAY B	E A POST OFFICE BOX)		
B. If amending the regi	stered agent and/or registered	office address on our records, enter the name o	the new registered
agent and/or the new re	eistered office address here:		. 6
			<u> </u>
Name of New R	egistered Agent:		<u></u> <u></u>
Now Registered	Office Address:		ω <u>-</u>
(AGM INESTIMETAN		Enter Florida stree: address	-:- :-
		Florida	图 2
		City	Zip Code
New Registered Agent's S	ignature, if changing Registered	Agent:	
provisions of all statute accept the obligations of being filed to merely re	relative to the proper and co f my position as registered ago	nd agree to act in this capacity. I further agree mplete performance of my duties, and I am fan ent as provided for in Chapter 605, F.S. Or, if t I office address, I hereby confirm that the limite	uliar with and his document is
		If Changing Registered Agent, Signature of New Regist	ered Agent
		; (((H22000352407 3)))

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If amend	ing Authorized ed from our rec	Person(s) authorized to managords:	e, enter the title, name, and address of each po	erson being added
	Manager Authorized Mo	mber	(((11)	22000352407 3)))
<u>Title</u>	Name		Address	Type of Action
AMBR	PAVELD	UBROUSKI	2501 S OCEAN DR APT 425	_ ≅Add
			HOLLYWOOD, FL 33019	_ 🗀 Remove
				Change
	. <u></u>			□Add
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			;	(((1422000352407.3)))

To; DIVISION OF CORPORATIONS	Page: 8 of 8	2022-10-13 19:54:07 GMT	13056476040	From: MADINA behretdinova
		} 	(((}	122000352407 3)))
D. If amending any other	r information, enter change(s)	here: (Attach udditional she	ets, if necessary.)	
		:		
				
				
		i !		<u></u>
		1		
				
Note: If the date inse	er than the date of filing: i, the date must be specific and cannot ted in this block does not meet the date on the Department of State's	applicasie siaratet,	(optional) n 90 days after (iling.) Purs irements, this date will	nuant to 605,0207 (3)(b) not be listed as the
record is filed.	nyed effective date, but not an eff	ective time, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
Dated OCTOBER, 1.	, 202	2		
	Quehn		De tilbe i	
	Signature of a member	r or authorized representative of a r		
STIVIN	SENIA Type	or printed name of signee		
			11	(H22000352407 3)))
	1		((Ti (20000) 2 to , 2777

Filing Fee: \$25.00