Note: Please print this page and the last a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000063866 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : IDEAS CARVAJAL LLC

Account Number : 12022000006 Phone : (321)333-5565 : (407)520-5473 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INSTACOIN LLC

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Help

COVER LETTER

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CUD 182	~			NSTACOIN LILC		
SUBJEC	L 1 :	4	Name of i	imited Liability Company	?	
			f Amondment and fee(s) are so	-		
				DANIEL ORLANDO RIN	rcon	
				Name of Person		
				Firm/Company		
				14545 BICKY RD		
				Address		
				ORLANDO, FL 32824		
				City/State and Zip Code		
				DAVID@BRDGES1.CO		
			H-mall address	s: (to be used for future annual r	eport notification)	
Por furth	ner ir	formation	concerning this matter, please	e call;		
			LRINCON	407 8t()	276-1363	
		Name	of Person	Area Code	Daytime Telephone Number	_ -
Enclosed	i is a	check for	the following amount:			
■ \$25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is analogous)	Certificate of S	Status &
	Reg Div P.C	Box 630	Section Corporations	Division The Cen 2415 N.	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSTACO			
(Name of the Limited Liability Compar (A Florida Limited L	iv se it now appears)	tra on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	MARCH 11 OF 202	0 and assigned
Florida document number L20000078938			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabl	lity company b	<u>070</u> :	
DANNY PRODUCTIONS LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LLC" or the	e abbreviation "L.L.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 a agent and/or the new registered office address here:	ddress on our	records, enter the n	nme of the new registers
Name of New Registered Agent:			20
New Registered Office Address:		-	
	Enser Flo	orlda street address	12: -
	Ctty	, Florida	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

It 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

Title	Name	Address	Type of Action
			□Add
			□Remove
		-	Change
			DAdd
			□Remove
			Change
			□Add
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			□ Remove
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			——— □Add
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			□Change
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			□Ramove
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8. Effective date, if other than the date of filing: ((If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. (the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the coord is filed. Dated FERRUARY 17 2023				
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Signature of a member or authorized representative of a member	SI	nature of a member or authorized repres	entative of a member	-

Filing Fee: \$25.00