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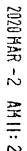




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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: DA	NIEL PERE Name of Limi	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	JACKIE R	OJAS - QUINON Name of Person	()
	Accoun	Pirm/Company	ono, lic
	7121 N.	HABANA AL	Æ.
	TAMPE ACCOUNT E-mail address: (to	City/State and Zip Code City/State and Zip Code City/State and Zip Code DGAND BEYON be used for future annual report noti	COM Fication)
For further information co	ncerning this matter, please ca	11:	
JACKIE RO	DAS-QUINONES Person	at (8)3) G98 - Area Code Daytim	9800 e Telephone Number
Enclosed is a check for the	: following amount:		
5 /2 \$25.00 Filing Fee	S30.00 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)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	ction
Division of Co	rporations	Division of Cor	porations
P.O. Box 6327		The Centre of T	
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on2132 Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: DANJEL PERE LLC The new name must be distinguishable and contain the words *Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	120 H
	AR
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, <u>enter agent and/or the new registered office address here</u> :	the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	.5
, FI	orida
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 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
MMGR	DANIEL PEREZ	3447 KINGSTON ST. N.	· IZ Add
		ST. PETERSBURG FL 3371	3_ □Remove
			□Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
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(If an effe <u>Note:</u>	ve date, if other than the date of filing: 1/21/2020 (optional)
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	February 27. 2020.
	Signature of a member or authorized representative of a member
	• • • • • • • • • • • • • • • • • • •

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Filing Fee: \$25.00