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SECRETARY OF STATE
TAX ANASSEF FLOW

COVER LETTER

TO: Registration Division of C			4€%+ _d\$s.		
SUBJECT:	Dar	nniko, LLC			
		ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
		Michael Bennett			
		Name of Person			
		Danniko, LLC			
Firm/Company					
	1844	E Winter Park Rd, Suite B			
		Address			
		Orlando FL 32803			
		City/State and Zip Code			
	E mail address: (1	ennettmj4@aol.com to be used for future annual report notifica	tion)		
For further information	n concerning this matter, please c		uony		
M	lichael Bennett	at (407) 39 Area Code & Daytime T	99-7732		
Nam	e of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for	r 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF Danniko, LLC

(Name of the Limited Liability Company as it now appears on our recond)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil	ity Company	were filed on	9/10/2007	and assigned
Florida document numberL070009193	3			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limi	ted Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable	1844 E Winter Park Rd			
(Principal office address MUST BE A STREET A	Suite B			
		Orlando FL 32	2803	
Enter new mailing address, if applicable:		1844 E Winter	r Park Rd	
(Mailing address MAY BE A POST OFFICE BOX	Suite B			
	Orlando FL 32803			
B. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent:	egistered of address here	fice address on o	ur records, <u>enter t</u>	he name of the new
			. 5	
New Registered Office Address: 18	1844 E Winter Park Rd, Suite B Enter Florida street address			
-		Orlando City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent	y		2.9 0000
The state of the s	ici cu Agent.			
l hereby accept the appointment as registered ago the provisions of all statutes relative to the prope	ent and agre r and compl	ee to act in this cap lete performance o	pacity. I further agr of my duties, and I a	ree to comply with m familiar with and

Ņ

accept the obligations of my position as registered agent as provided for in Chapter 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Address Type of Action Name **MGRM Daniel J Robinette** 827 Laurel Ave #1 ☐ Add ✓ Remove Orlando FL 32803 ☐ Add Remove ☐ Add Remove ∏Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Michael ael Bennett Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00