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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
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SEP. 22 2010

EXAMINER



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SECRETARY OF STATE
ALLAHASSEF, FLORIDA

From: TONY VALDES

To: 7864974405

Page:1/3

COVER LETTER

DANESI INVESTMENTS, LLC

TO:

Registration Section Division of Corporations

SUBJECT:	DANE	SI INVESTMENTS, LLC	
	Nam	e of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning th	is matter to the following:	
,		JENNIFÉR SUAREZ	
1	1 . 12.2 . 10.2 / 20.2 . 1	Name of Person	
``		DANESHNVESTMENTSTLC	
		Fi:m/Company	,
		7500 NW 25 STREET SUITE 284	
•		Address	
•		MIAMI, FL 33122	
	4.4.	City/State and Zip Code	
	E-mail	address: (to be used for future annual report notification)	
For further information co	neerning this matter	, please call:	
JENNI	FER SUAREZ	at (_305 ₎ 786-497-4400	
Nume of	Person	Arca Code & Daytime Telephone Number	r
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	✓\$30.00 Filing For Certificate of	Status Certified Copy Certifies (additional copy is enclosed) Certified Copy is enclosed)	ite of Status &

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

DAI	NESI INVESTMENTS, LLC		
(Name of the Limited	Liability Company as it new appears on A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited L	,	0/01/2007 and assigned	
Florida document numberL0700009	<u>9659 </u>		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liability company here:		
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applied	enble:		
(Principal office address MUST BE A STREE	<u>et address)</u>		
·		<u> </u>	
<u>:</u>		AH.	
Enter new mailing address, if applicable:		N P N	
(Mailing address MAY BE A POST OFFICE	<u> </u>		
· /		70 TO	
/		DAIE CO	
B. If amending the registered agent/and/ registered agent and/or the new registered or	or registered office address on our office address bere:	records, enlogable diffue of the new	
Tegistered agent and the time to the second			
Name of New Registered Agent:			
/ /			
New Registered Office Address:	Enter Florida street address		
/ /			
	City	, 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 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

MGR = Manager

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:

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JENNIFER SUAREZ	7500 NW 25 STREET SUITE 284 MIAMI, FL 33122	Add Remove
			Add Remove
· ·			
			Add Remove
			Add
			AddRemove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
Dated	v Opnrudi	mbcr of authorized representative of a member	<u></u>
	\bigcirc	mbcr of authorized representative of a member JENNIFER SUAREZ yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00