



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DANELL LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANAL OLIVER

\_\_\_\_\_  
Name of Person

MANAL OLIVER & ASSOCIATES, INC.

\_\_\_\_\_  
Firm/Company

301 W 41ST STREET SUITE 501

\_\_\_\_\_  
Address

MIAMI BEACH, FL 33140

\_\_\_\_\_  
City/State and Zip Code

MANAL@MOAACCOUNTING.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANAL OLIVER

305

868-7620

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
18 SEP 21 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DANELL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/14/09 and assigned  
Florida document number L09000004624.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>              | <u>Type of Action</u>                   |
|--------------|--------------|-----------------------------|---|
| MGR          | MANAL OLIVER | 301 W 41ST STREET SUITE 501 | <input checked="" type="checkbox"/> Add |
|              |              | MIAMI BEACH, FL 33140       | <input type="checkbox"/> Remove         |
|              |              |                             | <input type="checkbox"/> Change         |
|              |              |                             | <input type="checkbox"/> Add            |
|              |              |                             | <input type="checkbox"/> Remove         |
|              |              |                             | <input type="checkbox"/> Change         |
|              |              |                             | <input type="checkbox"/> Add            |
|              |              |                             | <input type="checkbox"/> Remove         |
|              |              |                             | <input type="checkbox"/> Change         |
|              |              |                             | <input type="checkbox"/> Add            |
|              |              |                             | <input type="checkbox"/> Remove         |
|              |              |                             | <input type="checkbox"/> Change         |
|              |              |                             | <input type="checkbox"/> Add            |
|              |              |                             | <input type="checkbox"/> Remove         |
|              |              |                             | <input type="checkbox"/> Change         |
|              |              |                             | <input type="checkbox"/> Add            |
|              |              |                             | <input type="checkbox"/> Remove         |
|              |              |                             | <input type="checkbox"/> Change         |

FILED  
18 SEP 2 10 PM '18  
STATE OF ALABAMA  
TALLAHASSEE, FLORIDA

18 SEP 21 PM 5:18  
STOR 14073 JAFF  
TALLAHASSEE, FLORIDA

FILED

18 SEP 21 PM 5:18  
STAN LADSON  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8-29-18

Manal Oliver  
(Signature of a member or authorized representative of a member)

MANAL OLIVER  
(Typed or printed name of signee)