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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

AUG - 2 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJECT: DANA I		DANA N	MICHELLE LLC			
			ited Liability Company			
	•					
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
-			Dana Carpiniello			
			Name of Person			
			Dana Michelle LLC			
			Firm/Company			
	934 N University Dr #244					
			Address			
		C	oral Springs FL 33071			
			City/State and Zip Code			
		dan	a@mynmsolutions.com			
For fire	ther information	E-mail address: (concerning this matter, please o	to be used for future annual report notification)			
		concerning and matter, picase c				
		na Carpiniello	at (954) 670-3838			
	Name o	of Person	Area Code & Daytime Telephone Number			
Enclose	ed is a check for t	he following amount:				
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 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		ration Section on of Corporations ox 6327	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

	DANA MICHE	LLE LLC			
(Na	me of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	******	
The Articles of Organization f	or this Limited Liability Company w	ere filed on	11/17/2009	_ and assigned	
Florida document number	L09000110624				
This amendment is submitted	to amend the following:				
A. If amending name, <u>enter</u>	the new name of the limited liabili	ty company here:			
•			;	0	
The new name must be distingui "L.L.C."	shable and end with the words "Limited	d Liability Company	," the designation "LLC	or the abbreviation	
Enter new principal offices a	ddress, if applicable:			0.75	
(Principal office address MUS	ST BE A STREET ADDRESS)			SALE OF	
				PA RPS	
				TATE RATE	
Enter new mailing address, i	f applicable:				
Mailing address MAY BE A	POST OFFICE BOX)			.,	
		Please correct	Zip Code from 33	063 to 33071	
	red agent and/or registered offic ew registered office address here:	e address on our	r records, enter the	name of the new	
Name of New Regist	ered Agent:			·-	
New Registered Office	ce Address:	Finter	Florida street addres	3.5	
	· · · · · ·	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

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> <u>Name</u> Address **Type of Action** MGR Marc Carpiniello 934 N University Dr # 244 Coral Springs FL 33071 ☐ Add Remove Add Remove ☐ Add Remove Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **July 23**, 2010 Dated ighature of a member or authorized representative of a member Dana Carpiniello

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00