## L1000000 4928

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SECRETARY OF STATE
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D. BRUCE

JAN 28 2010

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of Co	orp orations					
SUBJECT:	D#	ANO, LLC				
Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Daniel J. Weiser					
		Name of Person				
	Independent Professional Services, LLC					
		Firm/Company				
	5570 Rosehill RD, # 204					
	Address Address					
	Sarasota, FL 34233			Ari Her Ari	10 JAN 28	T
		City/State and Zip Code		ARY ASSE	28	
	E-mail address: (	weiserfinancialgroup.com to be used for future annual report notil	ication)	E 유	3	П
For further information	concerning this matter, please of	eall:		OF STATE	2:21	O
	niel J. Weiser	at ( 513 )	237-8660			
Name	of Person	Area Code & Daytim	e Telephone Numbe	r		
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certifie	ate of Stat		osed)
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

DANO,	LLC		
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.)	<u> </u>	
(A Portua Dimited Dis	winy company)		
The Articles of Organization for this Limited Liability Company v	vere filed onJanuary 14, 2010_	and assigned	
Florida document number <u>L 1000004928</u>			
442.444.444.444.444.444.444.444.444.444			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	<u>lty company here</u> :		
Independent Profession	nal Services, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "Li	LC" or the abbreviation	
Enter new principal offices address, if applicable:	N.A.	S	
(Principal office address MUST BE A STREET ADDRESS)		FE. 30	
		調を加	
		Z8	
Enter new malling address, if applicable:	N. 4.	<sup>2</sup> <del>2</del> m	
(Mailing address MAY BE A POST OFFICE BOX)		15 5 D	
	S	2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
B. If amending the registered agent and/or registered offi		e name of the new	
registered agent and/or the new registered office address here	:		
	41.4		
Name of New Registered Agent:	N/. 4.		
New Registered Office Address:			
	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 agre			
the provisions of all statutes relative to the proper and completed accept the obligations of my position as registered agent as pro-		-	
heing filed to merely reflect a change in the registered office of			
company has been notified in writing of this change.	λ/ Λ		
If Chang	<b>火</b> . A. ging Registered Agent, <u>Signature of New Reg</u>	istered 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 N.A. Address **Type of Action Title** Name □ Add Remove ☐ Add 🔲 Remove ☐ Add Remove Add Remove Kemove ∏Add Kemove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JANUMY Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00