L11000035597

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D. BRUCE

MAR 23 2011

EXAMINER

COVER LETTER

Divişion of Co	orporations					
SUBJECT:	danikara	Creations, LLC.				
	Name of Lim	ited 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:				
		Danielle Schwartzman		_		
		Name of Person				
	danikara Creations, LLC.					
		Firm/Company				
	47	11 Rowan Rd. Apt# 405				
		Address				
	Ne	w Port Richey, Fl 34653		SEC ALL	=	
		City/State and Zip Code		AHA	MAR 22	
	danik E-mail address: (aracreations@gmail.com to be used for future annual report notif	fication)	ARY (SSE	22	
For further information	concerning this matter, please of			OF SI	₽	
Danie	lle Schwartzman	at (_ 954 _)	224-3681	TATE	55	
	of Person	Area Code & Daytim			-	
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific			Filing Fee cate of St ed Copy onal copy	atus &	

MAILING ADDRESS:

TO:

Registration Section

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

DANIKAP (Name of the Limited Liabilit	RA CREATIONS, LLC. Ty Company as it now appears (on our records.)		
(A Florida	ty Company as it now appears (Limited Liability Company)	<u> </u>		
The Articles of Organization for this Limited Liability	Company were filed onFe	bruary 28, 2011 and assigned		
Florida document number L11000025597		•		
	 '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the world.L.C."	ords "Limited Liability Company	"," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>		
		A A TI		
		ASSE		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	 			
		22 S		
		<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new		
Name of New Registered Agent:				
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 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 L MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Danielle Schwartzman	4711 Rowan Rd Apt. #405 New Port Richey, Fl 34653	✓ Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
		S C C C C C C C C C C C C C C C C C C C	FIL II MAR 22 F
		LOR D	FH 3: 55
Dated	March 16 , Signature of a n	2011 Linember or authorized representative of a member	
		Danielle Schwartzman Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00