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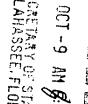
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EXAMINER



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COVER LETTER

SUBJECT: Dan Sam Consulting, LLC Name of Limited Liability Company	
Name of Limited Liability Company	مت الم
The enclosed Articles of Amendment and fee(s) are submitted for filing.	2001-9
Please return all correspondence concerning this matter to the following: Cynthia Patino	200
Cynthia Patino Name of Person Dansam Consulting, UC Firm/Company	STEP S
9625 NW 1 ⁵¹ CT. Apt 11-204	
Pembione Pines, FL 33024 City/State and Zip Code	
Pembloke Pines, FL 33024 City/State and Zip Code Cynthip 43@hd mail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Cyrthia Patino at (954) 655 - 4962 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$\sum{\$\sum{\text{\$\sum{\text{\$\text{S}}}}}\$} \text{\$\e	

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

Dansam Cons		28 8	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	is it now appears on our records.) ility Company)	THE STATE OF THE S	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 12 000 125 905</u> .	ere filed on	OL and assigned 3	
This amendment is submitted to amend the following:		P	
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter t	the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Florida street address		
	, Florida	Zip Code	
·	, my	Lip Cone	

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
1 <u>6RM</u>	Cynthia Patino	Cynthia Patino 9625 NW 157 CT Apt 11-204. Pembioke Pine FL, 33024	[≱ Add Remove
			Add Remove
			Add Remove
			Add Remove
	· 		Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.)	_
·			— . —
Dated	,		
	/s/ CYNTHIA PATINO Signature of a memb	er or authorized representative of a member	
	Cynthia Patino	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00