L13000 158402

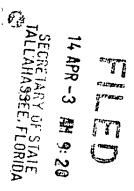
(Requestor's Name)
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(Document Number)
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SERVICE APR 07 2014

COVER LETTER

Division of Cor			
SUBJECT: <u>DA</u> A	INYVINO」 ム人 Name of Limit	C ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Dq.</u>	Wiel Abde Name of Person	
	Da	NNY VINO, LLC	·
		7 Bulf to Bay C	8)V/ *B
	Clean	City/State and Zip Code Abde a bot mode of the first of future annual report notifications.	755
	E-mail address: (i	o be used for future annual report notificati	ail. Com
For further information c	oncerning this matter, please ca	all:	
Dania Name o	of Person	at (223 212 - Area Code & Daytime Te	475-4 elephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANNY VINA.	LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appeanited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Con		11-12-20	1/3 and a	ssigne	d
Florida document number <u>L 13 000 158402</u>	:				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability company he	re:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation	"LLC" or the	e abbro	eviation
Enter new principal offices address, if applicable:			· 6.		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		. Z <u>¥</u>	<u> </u>	
		<u></u> .	<u>F</u> G	3	en torre
			TAN IAS	70 	Crescon. Cristonia
Enter new mailing address, if applicable:			33.73 71.4	<u>ω</u>	į.
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		70	<u> </u>	
			98 X	.o.	Carrent Carren
				Œ	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		our records, <u>ente</u>	r the name	of th	ie new
registered agent unargi the new registered office address	<u> </u>				
Name of New Registered Agent:	·	····		<u>.</u>	
New Registered Office Address:					
	Er	nter Florida street a	ddress		
		, Florida			
	City		Zip Co	de	

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:

	k = Manag kM = Man	ger naging Member		
<u>Title</u>		Name	Address	Type of Action
AMG.	<u> </u>	Nivine Shammas	1627 Gulf to Bay Blud. # B	1 Add
			Clearwater, Fl. 3375	Remove
MB	R	Daviel Abde	1627 Gulpto Bay Bluf #B Clearwater, F1 33255	Add
			Clearwater, F1 32255	Remove
				SE SE
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	v			9: 20 STATE
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				Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets,	if nacassam.)
. If amending any other information, enter change(s) here. (Anach duantona sheets,	if necessary.)
	!
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	<u> </u>
Dated 3 - 29 - 2014,	
500,01	i
Signature of a member or authorized representative of a memb	er .
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Dawie Abde Typed or printed name of signee	1
Page 3 of 3	
Filing Fee: \$25.00	1
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