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(Address)				
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COVER LETTER

	tegistration Se Division of Cor				
eun iezy	Dani Grant	LLC			
SUBJEC	I: <u> </u>	Name of Limited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please reti	um all correspo	ndence concerning this matter	to the following:		
		Danielle Stallings			
			Name of Person		
		Dani Grant LLC			
			Firm/Company		
		4628 Eagle Falls Place			
			Address		
		Tampa FI 33619			
		danielle@sunbility.com	City/State and Zip Code		
		E-mail address: ()	to be used for future annual report notifi	cation)	
For furthe	r information co	oncerning this matter, please ca	ill:		
Danielle S	Stallings		727 480-2843		
	Name of	f Person	at ()	Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.00	9 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 (additional copy is enclosed)	

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

Dam Grant LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12-05-2014 and assigned	
lorida document number L14000186616		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
unbility LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:	4628 Eagle Falls Place	
Principal office address MUST BE A STREET ADDRESS)	Tampa, F1 33619	
nter new mailing address, if applicable:	76 4th St. N	
Mailing address MAY BE A POST OFFICE BOX)	unot 555	
	St. Pete. Florida 33713	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Remove	
			Change	
			Remove	
			☐ Change	
			□ Add	
			□ Remove	
			☐ Change	
			Remove	
		•		
			□ Remove	
			Change	
			Add	
			☐ Remove	
			☐ Change	

	<u> </u>		
			<u> </u>
Effective date, if other than the date if an effective date is listed, the date must be something. If the date inserted in this block document's effective date on the Department.	does not meet the applicab	date of filing or more than 90 days le statutory filing requirements,	after filing.) Pursuant to 605.0207
he record specifies a delayed eff The 90th day after the record		an effective time, at 12:0)1 a.m. on the earlier of
Dated			
Dan	rela Stal	zed representative of a member	
Sigr	nature of a member or authori	zed representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00