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(Re	questor's Name)	
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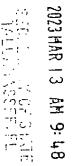
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ест: <u> </u>	DAN Stellar		Acc
		Name of Limit	ed Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
		ndence concerning this matter to		
		3	-	
		Di	en Cao	
			Name of Person	-1/v
		,	Firm/Company	
		282 Bel	Lhaven Falls Address	DR
			Address	
		Ocoee	FL 34761	
			City/State and Zip Code	. 0
		E-mail address: (t	City/State and Zip Code an 7736@gma o be used for future annual report notifi	al. Com
For fu	irther information co	oncerning this matter, please ca		
	\mathcal{D}_{1}		201 700	0017
	Name of	CaO	at (3&1) / 26 Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
	_ l	Filing Fee & ficate of Status	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
4	Please co	Ificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
ſ	ne ii yo	N		(additional copy is enclosed)
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Il	Me if you have any grant to che continued to the continue	aire	Registration Sec Division of Cor	
ba	CK to the CA	tis Inch	The Centre of T	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dt N Stella	· 1 -
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1600019557</u> 5	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia DAN Property Investme The new name must be distinguishable and contain the words "Limited Lia	
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 amonding the registered agent and/or registered office	te address on our records, enter the name of the new registered
agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
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 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
			□Add
			□ Remove
			□ Change
		□ Add	
		□Remove	
			□Change
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an effectiv lote: If t	re date, if other than the date of filing: 2 27/2023 (operative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, that it is effective date on the Department of State's records.	er filing.) Pursuant to 605.0207
record sp	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (d.	(b) The 90th day after the
	d.	(b) The 90th day after the
l is filed.	d.	(b) The 90th day after the