L17000 166027

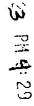
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300368712493

06/23/21--01012--005 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
OTTO TO COL	ONNA LAW, PLLC		
	Name of Lim	ited Liability Company	
The control of A of A or S	A		
	Amendment and fee(s) are sub ondence concerning this matter	-	
riease return an correspo	ondence concerning this matter	to the tonowing.	
	SASHA GYSEMIA DADA	AN	
		Name of Person	
	DADAN BONNA LAW, I	LLC	
	 	Firm/Company	
	201 S. 2ND ST. SUITE 20	2	
		Address	
	FORT PIERCE, FL 34950		
	CACHADADANOCMAN	City/State and Zip Code	
	SASHADADAN@GMAIL E-mail address: (COM to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
SASHA DADAN		772 5792771 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DADAN BONNA LAW, PLLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{08/03/20}{}$	and assigned	
Florida document number L17000166027			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
DADAN LAW FIRM, PLLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	201 S. 2nd St.		
(Principal office address MUST BE A STREET ADDRESS)	Suite 202	.	
	Fort Pierce, FL 34950		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		6.3	
<u> </u>		inj	
		185	
B. If amending the registered agent and/or registered office	address on our records	s, enter the name of the new registered	
agent and/or the new registered office address here:			
		4. 2	
Name of New Registered Agent:		. 29	
New Registered Office Address:			
	Enter Florida stre	ret address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	į		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my di provided for in Chapte	ities, and I am familiar with and	

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
			
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□Remove
			□Change

4	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>
	
	
	
If an ei <u>Note:</u>	tive date, if other than the date of filing:
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	June 17, 2021
	Signature of a member or authorized representative of a member
	Sasha G. Dadan
	Typed or printed name of signee