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COVER LETTER

	Registration Se Division of Cor					
SUBJEC		lls Houses LLC				
SUBJEC						
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ndence concerning this matter	to the following:			
		Danielle Pascucci				
Name of Person						
		Danielle Pascucci LLC				
2063 Nerva Road						
		Address				
		Winter Garden, FL 34787				
			City/State and Zip Code	 		
		daniellep0509@gmail.com				
		E-mail address: (to be used for future annual report notif	ication)		
For furthe	er information co	oncerning this matter, please ca	all:			
Danielle	Pascucci		407 496-1083 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.0	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Danielle Sells Houses LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability	Company were filed on 10/26/2017	and assigned
orida document number L17000222345		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	mited liability company here:	
anielle Pascucci LLC		
e new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADI	DRESS)	Y-0
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		<u> </u>
Aailing address MAY BE A POST OFFICE BOX)		<u> </u>
Running waters MAT BE A TOST OF TICE BOA)		<u>-</u>
. If amending the registered agent and/or reg	istered office address on our records	s, enter the name of the
gistered agent and/or the new registered office ad	•	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
Ten Registered Office Address.	Enter Florida street addres	\$
	TL.	orida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			
			□ Remove
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Tective date, if other than the date of filing:	(optio	nul\	
on effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory fillocument's effective date on the Department of State's records.	r more than 90 days after f	iling.) Purst	
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.	m. on th	ne earlier d
ated June 11	ive of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00