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Please	return all correspoi	ndence concerning this matter	to the following:	
			LUZ M ZAMBRANA	
			Name of Person	
Division of Corporations ATALIA DANZA, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LUZ M ZAMBRANA Name of Person ATALIA DANZA, LLC Firm/Company 8226 WOODSWORTH DR Address ORLANDO, FL 32817 City/State and Zip Code analiadanza01@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUZ M ZAMBRANA At (407	N7A IIC			
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			8226 WOODSWORTH DR	
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ORLANDO, Fl. 32817 City/State and Zip Code analiadanza01@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUZ M ZAMBRANA 407 536-1166				
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LUZ	M ZAMBRANA		and the second s	6-1166
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	- P.O. BOX 0327	•	The Centr	e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DANZA, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L18000005777</u>	mpany were filed on JAN-08-2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
ANALIA STORE, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	·
		2022
Enter new mailing address, if applicable:		8
(Mailing address MAY BE A POST OFFICE BOX)		10 c > 111
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B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
was de sel-relative ble	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 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
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ited	BRUARY 3, 2022	
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00