# 118000032641

	_	
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300393792993

 $\| (\hat{p}_{i,j}^{(k)} + \hat{p}_{i,j}^{(k)} + \hat{p}_{i,j}^{(k)} + \hat{p}_{i,j}^{(k)} + \hat{p}_{i,j}^{(k)}) \| + \hat{p}_{i,j}^{(k)} \|_{L^{2}(\mathbb{R}^{N})}^{2} + \| \hat{p}_{i,j}^{(k)} \hat{p}_{i,j}^{(k)} \|_{L^{2}(\mathbb{R}^{N})}^{2}$ 

FILED

2022 SEP -2 PH 2: 07

SECRETARY OF STATE
TALLAHASSEE, FL

I am filing to add an authorized member on our business and to split the business between both members 50/50. The business name is Dan Fundora Designs ELC. The phone number is 813-720-5490 and the mailing address is 5010 W Knights Griffin Rd, Plant City, FL 33565.

# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DAN FUNDON DESIGN S 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:
Daniel Findera Name of Person
Dan Findora Designs LLC
5010 W. Knights Griffin Rd.
Plant City FL 33565
Dava Dora Nonacis and Ez a
E-mail address: (to be itsed for future annual report notification)  For further information concerning this matter, please call:
Name of Person at (813), 720-5490  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60,00 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

Dun Fundua Desi	igns LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company Florida document number 82-4457065.	were filed on <u>215118</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C"
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 amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street address	:
		rida
	Cin	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>	<u>Address</u>	Type of Action
AMBR	Casey Findora	5010 W. Knights Gril	FOL.
-	.)	5010 W. Knights Gris Diant City, FL 33565	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			Chause

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
$\overline{L}$	Daniel Findora - 50010 Ownership
(	asy Fundora - 50% ouvership
	<del></del>
_	
_	
_	
_	
Note: 1	e date, if other than the date of filing:
e record rd is file	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 l.
Dated _	August 8 . 2022.
	Signature of a member or authorized representative of a member
	Daniel Fundoa Typed or printed name of signee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company	ds it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number $82-4459905$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ity company here:
The new name must be distinguishable and contain the words. Limited Liability  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	y Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Zip Code
<del></del>	City Zup 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>	<u>Address</u>	Type of Action
AMBR	Casely Fundora	5010 W Knights Gris	In XAdd
	- <b>,</b>	5010 W Knights Gris	□Remove
			□Clunge
			□Add
			□Remove
			□Change
		<u></u>	□Add
·	·		⊒Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Пенюve
			☐ ☐ Clumge
			□Add
			Пкетюче
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Casey Furdord - 50% cunirship
_	Cashy Purmora - 50% Cinirsing.
_	
-	
_	
_	
_	
_	
_	
-	
***	
_	
f an effe Note:	we date, if other than the date of filing:
e record d is file	I 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 ed.
Dated_	Signature of a member or authorized representance of a member
	Signature of a member or authorized representative of a member
	Daniel Fardoa Typed or printed name of signee