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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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		<u>-</u> ,
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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MAR 3 O 2019 J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: EMMANU	JEL K.A DANSO&AS	SSOCIATES LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EMMANUEL DAN	ISO	
		Name of Person	
		Firm/Company	
	1267 NW 165TH A	AVENUE	
		Address	
	PEMBROKE PINES, F	LORIDA 33028	
	·	City/State and Zip Code	
	edanso@aol.com		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
EMMANUEL DAN	so	at (305) 984-4511	
Name o	f Person		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/COURIER ADDRESS:

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



March 9, 2018

EMMANUEL DANSO 1267 NW 165TH AVE PEMBROKE PINES, FL 33028

SUBJECT: EMMANUEL K. A. DANSO & ASSOCIATES LLC

Ref. Number: L18000052393

We have received your document for EMMANUEL K. A. DANSO & ASSOCIATES LLC and check(s) totaling \$20.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 118A00004860

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SEENE AND SEE FLORIDA

RECEIVED

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JEPARTMENT OF STATE

ALLAHASSEE, FLORE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMMANUEL K. A. DANSO & ASSOCIATES LLC

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

Company were filed on	02/27/2018	and a	ssigned
<u></u> .			
ited liability compan	y here:		
ATES, LLC			
ited Liability Company," t	he designation "LLC" or the	ne abbreviation "	L.L.C."
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stered Agents In	C .		
N. Rocky Point	Dr. STE 150A		
			
ра	Florida	33607	
City	, Fiorida	Zip Code	,
	stered office address lress here: istered Agents In O N. Rocky Point Enter Days and the stered of the stered of the steres of	stered office address on our records, endress here: istered Agents Inc. O N. Rocky Point Dr. STE 150A Enter Florida street address pa , Florida	stered office address on our records, enter-the name ress here: istered Agents Inc. O N. Rocky Point Dr. STE 150A Enter Florida street address pa 33607

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 **Type of Action Title** <u>Name</u> **Address** _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add temove ☐ Remove

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