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Effective - 08/15/2018

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CHDIE		ELOPMENT AND SERVICE	S LLC			
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		ALEX EL DANI				
			Name of Person			
		DANI DEVELOPMENT A	AND SERVICES LLC			
			Firm/Company			
		10245 COLLINS AVENU	Œ,			
			Address			
		33154 BAL HARBOUR, F	न.			
			City/State and Zip Code	<del> </del>		
		A.ELDANI@GMAIL.COM				
		E-mail address: (	to be used for future annual report notif	ication)		
For furth	ner information co	oncerning this matter, please ca	all:			
ALEX EL DANI			at () Area Code Daytime Telephone Number			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# DANI DEVELOPMENT AND SERVICES LLC (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 $\frac{05/01/2018}{1}$ and assigned L18000108785 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. BOX 546013 Enter new mailing address, if applicable: 33154 BAL HARBOUR, FL (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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 = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00