118000155709

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OIVISION OF CORPORATIONS

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COVER LETTER

Divi	sion of Corp	porations		
SUBJECT:	DAN ONE,	LI.C		
		Name of Limi	ited Liability Company	
Thermalaced	Santal and the	N		
i ne enciosed	Articles of a	Amendment and fee(s) are sub-	muted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		PHULKUMARIE PERSA	UD	
			Name of Person	
		DAN ONE, LLC		
			Firm/Company	
		4670 GRAND PRESERVE	E PL	
			Address	
		PALM HARBOR, FLORI	DA 34684	
			City/State and Zip Code	
		joykaa64@aol.com		
		E-mail address: (t	to be used for future annual report notifi	ication)
For further in	formation co	ncerning this matter, please ca	ill:	
PHULKUMA	ARIE PERSA	AUD	813 404-1938	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	ling 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

TO:

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 ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab		
(, v r k/r)	oility Company as it now appears on our records ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000155709	*Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin		
The new name must be distinguishable and contain the words "LEnter new principal offices address, if applicable:	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8
(Principal office address MUST BE A STREET ADI		UG ORE
		3 787 3 787
		TO ROSE
Enter new mailing address, if applicable:		OF STA
(Mailing address MAY BE A POST OFFICE BOX)		50 OX
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the no
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
•		
•		rida Zip Code
•	City Flo	rida

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
MGR	VALENTINO AMNAY	4670 GRAND PRESERVE PL, PA <u>■</u>	Add
			□ Remove
			Change
		·	□ Remove
			Change
			□ Remove
			Change
			
			Remove
			Change
			
			□ Remove
			Change
······································			
			□ Remove
			Change

MGR. VALENTINO AMNA	y'- 50% Ownership	
AMBR. JOY AMNAY will re	main -0% Ownership	
		
		
		All Designation of the second
		6
		<u> </u>
-		<u></u> <u>ω</u>
		PH 2:
effective date is listed, the date must	late of filing: the specific and cannot be prior to date of filing or more than the does not meet the applicable statutory filing partment of State's records.	ore than 90 days after filing.) Pursuant to ϵ
ecord specifies a delayed ne 90th day after the reco	effective date, but not an effective t rd is filed.	ime, at 12:01 a.m. on the ear
d	. 2018	
	ignature of a member or authorized representative	-/ /

Page 3 of 3

Filing Fee: \$25.00