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2022 JUN -9 PH 6: 25
PALLAHASSEE, FLORIDA

AUG 2 4 2022 S. PRATHER

COVER LETTER

TO:

erib in em.	DAX	Enterprises, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Danilo J. Tonel		
	Name of Person			
		DAX Enterprises, LLC		
	Firm/Company			
	12	12065 Metro Parkway, Suite 201		
		Address		
		Fort Myers, FL 33966		
		City/State and Zip Code		
		<u>-</u>		
For further information c	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. Panilo J. Tonel Name of Person DAN Enterprises, LLC Firm/Company 12065 Metro Parkway, Suite 201 Address Fort Myers, FL 33966 City/State and Zip Code DANEnterprises/L.C2018@outlook.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Danilo J. Tonel Area Code Daytime Telephone Number			
		843 460-3277	,	
Name o	f Person		me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			action	
P.O. Box 632	.7	The Centre of	Tallahassee	
Tallahassee, 1	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAX E	nterprises, LLC		ASS P
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears od Liability Company)	on our records.)	9 PH
The Articles of Organization for this Limited Liability Compa	ny were filed on	07/09/2018	and assigned
Florida document number 1.18000165744)
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	12065 M	fetro Parkway, Suite	201
(Mailing address MAY BE A POST OFFICE BOX)	Fort Mye	ers, FL 33966	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our rec	ords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
	City	Florida	Zip Code
	CIIV		гір Соае

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	□ Add
		 	Remove
			□Remove
			□ Change
			□Add
			□Remove
		 	☐ Change
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Ffective date, if other than the date of filing:	_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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