## L18000222953

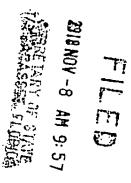
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## **COVER LETTER**

SUBJECT: Danny Services ND Repairs, 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:	
Danny Si WA Pendomo Name of Person  Firm/Company  143/1 SW 286 ST  Address  Homestead FL 33033  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Danny Silva Pendomo at 786, 516, 5228	
Name of Person  Area Code  Daytime Telephone Numbers  Seriol Seri	

MAILING ADDRESS:

**Registration Section** 

**Division of Corporations** 

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 TO ARTICLES OF ORGANIZATION OF

Donay Services us Repairs, 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 $\frac{9/9/2018}{2018}$ and assigned Florida document number $\frac{L18000222953}{2000222953}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Danny Services and Repairs. LLC	
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.1C."	-
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 address on our records, enter the name of the registered agent and/or the new registered office address here:	<u>1ew</u>
	,
Name of New Registered Agent:	- '
New Registered Office Address:	_
Enter Florida street address	
Floridation of	_
City 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 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** <u>Title</u> <u>Name</u> <u>Address</u> \_□ Add ☐ Remove ☐ Change ☐ Remove ☐ Change Remove ☐ Remove ☐ Change ☐ Remove ☐ Change \_□ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00