# L19000065306

	(Requestor's Name)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



300326383113

03/21/19~-01019--001 \*\*25.00

2019 HAR 21 PH 2: 57

C. GOLDEN

# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DANSHIP'S CLEPTING 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:
DANISHIA M. Puzie Name of Person
DANISHICIS Chang LLC Firm/Company
102 E New Haven Ave #119
Melbourne Fl 32901 City/State and Zip Code
E-mail address: (to be used for future annual report in the factor)
For further information concerning this matter, please call:
DANISHIA PUZIC at (904) 535-4191 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Solution Solutio

#### 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

FILED 2019 MAR 21 PH 2: 57

The Articles of Organization for this Limited Liability Company were filed on 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) 102 E New haven Ave #119 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

\_\_\_, Florida \_\_\_

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
		<del></del>	Remove
			☐ Change
		<del></del>	Add
			☐ Remove
			Add
		<del></del>	☐ Remove
			☐ Change
	·		□ Add
		<del></del>	Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			Remove
			Change
			☐ Remove
			☐ Change

D. *If amending any other information, enter change(s) here: (Att	
	· ·
-	
· · · · · · · · · · · · · · · · · · ·	
	····-
	<del></del>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date  Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an eb) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated MCrCh 18 2019 Signature of a member or futhorized	epresentative of a member
DANISHIM Typed or printed name	of signee

Page 3 of 3

Filing Fee: \$25.00