## 49000101119

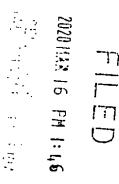
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Dao Partne	rs lic.	
SUBJECT:		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DUNG TH	H THANH DAO Name of Person	)
	DAO PR	ARTNERS LLC Firm/Company	
	2308 E	DGEWATER D	2
		Address	
	ORLAND	X), FL 32804	
		City/State and Zip Code	· · ·
		OMO & GMAIL (O) to be used for future annual report notifi	Martin N
For further information c	oncerning this matter, please ca	·	ication)
DUNG	DAO	at (407) 493	9141
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
S≥\$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 Addres	<del></del>	Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAU PARINER	<del>-</del>		
(Name of the Limited Liability Compan (A Florida Limited Li	iability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L19000101119</u> .	were filed on 4/12/2010	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		2020	
(Mailing address MAY BE A POST OFFICE BOX)		5 5	
		<u> </u>	
		P III	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered	
active and the new registered white address never			
Name of New Registered Agent:			
New Registered Office Address:  Enter Florida street address			
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre 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 p	roviaea jor in Chapter 603, F.S	. Or, ij inis aocument 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
MGR	DUNGTH THANH DAC	2308 EDGEWATER DR	DAdd
		02LANDO, FL 32804	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
_		
_		
_		
<del></del>		
(If an effec <u>Note:</u> If	e date, if other than the date of filing:	
f the record : ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.	
Dated _	MARCIT 10, 2020.	
	Signature of a member or authorized representative of a member	
	DUNG THE THANH DAD	