L19000162346

(Requestor's Name)	
(Address)	300334937
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	09/27/1901019
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Investments	s Dannyef LLC		
300ji.Q1.		Name of Limi	ted Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspor	idence concerning this matter t	o the following:	
		JENNIFER C. OJEDA PINE	EDA	
			Name of Person	
		Investments Dannyef LLC		
			Firm/Company	
		549 Cresting Oak Circle		
			Address	
		Orlando, FL 32824		
		eyeserq@yahoo.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report r	notification)
For further in	nformation co	neerning this matter, please ca	11:	
JENNIFER	C. OJEDA F	PINEDA	954 9099543 at()	
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	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 ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Investments Dannyef LLC			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited Liab Florida document number L19000162346	ility Company	were filed on	and assigned
This amendment is submitted to amend the follow	ing:		Ĉ.
A. If amending name, enter the new name of th	ne limited l <u>i</u> ab	ility company here:	in the second
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	549 Cresting Oak Circle	
(Principal office address MUST BE A STREET		Orlando, FL 32824	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>	549 Cresting Oak Circle Orlando, FL 32824	
Name of New Registered Agent: New Registered Office Address:	<u>e address her</u>	e: . OJEDA PINEDA Oak Circle Enter Florida street aa	ldress
	——————————————————————————————————————		. Florida 32824 Zip Code
		Cay	r.p Couc

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
AR	Federico Vargas		Add
		11098 Biscayne Blvd. Suite 401 Miami, FL 33161	⊞ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			□ Change
			
			Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change

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(If an effe <u>Note:</u>	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	September 23 2019
Dated _	·
Dated _	Olida Mail