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Office Use Only



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COVER LETTER

TO:	Registration Sector Division of Corp		•	14
SUBJE	SCT:	Name of Lim	ah Painti ited Liability Company	ing LLC.
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Ka++1/2 Ka+1/2 Ka+1/	Name of Person Par Firm/Company Address	es nting LCC.
		Katti Yak E-mail address: (1)	City/State and Zip Code O be used for future annual report no	34759 Damail con
For fur	ther information cor	cerning this matter, please ea	ill:	
1	Q + H Q Name of I	Jones	at (407) 58 Area Code Dayti	2-9351 ime Telephone Number
Enclose	ed is a check for the	following amount:		
⊠ \$2:	5.00 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 ADDRESS:

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

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1× att.	tab Danting LLC			
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on 7-7-10	ar	nd assigr	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	abbreviati	on "L.L.C	
Enter new principal offices address, if applicable:		<u> </u>	20	
(Principal office address MUST BE A STREET ADD	RESS)	<u></u>	9 61	
		· · · · · ·		
			င်	*)
Enter new mailing address, if applicable:			70	
(Mailing address MAY BE A POST OFFICE BOX)		-	ġ.	4/
		_	<u>t-</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	stered office address on our records, <u>ente</u> dress <u>here</u> :	r the na	ame of	the new
New Registered Office Address:				
	Enter Florida street address			
	, Florida _			
	C tiy	Zip (.ode	

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 = 1	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			☐ Remove
			Change
			☐ Add
			□ Remove
			□ Change
·			Add
			□ Remove
			Change
	-		
			Remove
			Change
		-	□ Add
			☐ Remove
			Change

D. If amending any other information	n, enter change(s) here: (At	tach additional sheets, if	Paintir	4
Mathan P. David G.	Mathurin Sones	25 8 10%	So Oo/o Mana Mana	CEC ger
E. Effective date, if other than the dat (If an effective date is listed, the date must be a Note: If the date inserted in this block of document's effective date on the Depart	specific and cannot be prior to date of does not meet the applicable sta	of filing or more than 90 days	optional) after filing.) Pursuant this date will not b	to 605.0207 (3)(be listed as the
f the record specifies a delayed eff b) The 90th day after the record	fective date, but not an e is filed.	ffective time, at 12:0	01 a.m. on the	earlier of:
Sign	nature of a member or authorized re	presentative of a member		_

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Filing Fee: \$25.00