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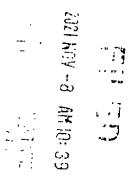
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Daniel Modeling 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:	
<u>famela M. Daniel</u> Name of Person	
Daniel Modeling Firm/Company	
4900 Britany Dr. South, #311	
St Peters burg Fr. 33715 City/State and Zip Code Pamdanielpt @ icloyd.com I-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Pameta Daniel at (727) U12-6030 Name of Person at (727) Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee . Certificate of Status	

TO:

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our r	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900303256</u>	were filed on $08/0$	9 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here: Pf	AT ENTER PRISES, LLC
The new name must be distinguishable and contain the words "Limited Liabil	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)	#311 5+ Petersbur	g, FL 33715
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	# 311 5+ Petersbi	y DR. SOUTH rg, Fl 33715
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	-	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	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 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>	Name	Address	Type of Action
AMBR	James J. Daniel	4900 Britany Dr. South, 311	XIAdd
		4900 Britany Dr. South, 311 St Petersburg, FL 33715	□Remove
			□Change
			🗆 Add
			□Remove
			Change
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Effective date, if	other than the date of fili	ing:		(optional)	
f an effective date is Note: If the date i	listed, the date must be specific a inserted in this block does no ive date on the Department o	and cannot be prior to do t meet the applicable	ate of filing or more than e statutory filing requi	90 days after filing.) Pursu	ant to 605.0207 (of be listed as t
e record specifies and is filed.	a delayed effective date, but n	not an effective time,	at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
Dated NC	Ovember 3vch Varalo- Signature of	2021			
	Yavrulo- Signature of	M. Dam	ed representative of a me	mber	
	Pamela	_			

511 E 65 64