L19000266121

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COVER LETTER

TO:

FO: Registration S Division of Co			
	DANIEL DRIVE LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LISA KUCHINSKI		
		Name of Person	
		Firm/Company	<u> </u>
	12880 EAGLE RD		
		Address	
	CAPE CORAL, FL 33909		
	HEAVENLYLK@YAHOO	City/State and Zip Code	-
	E-mail address: (to be used for future annual report notification	<u> </u>
For further information	concerning this matter, please ca	ali:	
LISA KUCHINSKI		239 699-7508 at ()	
Namo	e of Person	Area Code Daytime Telep	shone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registration Division of P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporat The Centre of Tallah	
	e, FL 32314	2415 N. Monroe Stro Tallahassee, FL 323	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7978 MCDANIEL DRIVE LLC		三
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	20
The Articles of Organization for this Limited Liability Company	were filed on 10/23/2019	and assigned
Florida document number L19000266121		6:36
This amendment is submitted to amend the following:		Ū
A. If amending name, enter the new name of the limited liab	ility company here:	
3229 PENNY DRIVE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12880 EAGLE ROAD	
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL 33909	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new registere
New Registered Office Address:	Enter Florida street address	
	, Florid	da
	City	sup cour

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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			Remove
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Add
			□Add
			□Remove
			□Change

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(If an ef Note:	ive date, if other than the date of filing: [11/17/2020] [The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he reco	rd 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 fled.
Dated	NOVEMBER 17TH 2020
	Signature of a member or authorized representative of a member
	LISA KUCHINSKI

Filing Fee: \$25.00