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To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : TAX TRAINERS INTERNATIONAL CONSULTANTS LLC

Account Number : I20210000123 Phone : (321)315-9576 Fax Number : (321)234-0285

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* ; ::

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANINO'S LLC

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T. LEMIEUX
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JUN 29 2022

### **COVER LETTER**

TO:	Reg Div	istration Section of Corp	tion orations			
AVID YE	·cæ	DANINO'S J	J.C - CHANGE MEMBER T	ITLE		
SUBJE	CI:		C - CHANGE MEMBER TITLE  Name of Limited Liability Company  endment and fee(s) are submitted for filing.  nee concerning this matter to the following:  GIUSEPPE FIORENTINO  Name of Person  DANINO'S LLC  Firm/Company  8273 JOHN YOUNG FARKWAY  Address  ORLANDO, FL 32819  City/State and Zip Code  DOCS@TAXTRAINERSINTL.COM  E-mail address: (to be used for future annual report notification)  terming this matter, please call:  Area Code  Daytime Telephone Number  Gollowing amount:  S30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate Opy  (additional copy is enclosed)  Certified Copy  Certified Copy			
The end	closed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please	return	all correspon	dence concerning this matter to	o the following:		
			GIUSEPPE FIORENTINO			
				Name of Person		
			DANINO'S LLC			
Firm/Company						
8273 JOHN YOUNG PARKWAY						
				Address		
			ORLANDO, FL 32819			
				-		
DOCS@TAXTRAINERSINTL.COM			uification)			
Ear fu	ther i	nformation co				
		FIORENTIN				
	CFFE	Name of		at ( )		
		Name of	( CISON	2 = 3, 4	•	
Enclos	sed is	a check for th	e following amount:			
<b>□</b> \$2	25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &	

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

DANINO'S LLC			<del></del>
(Name of the Limit	ed Liability Comp (A Florida Limited	nany as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited L	iability Compan	y were filed on 12/13/2019	and assigned
Florida document number L19000303848	_ <del></del> ·		
This amendment is submitted to amend the foil	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Lia	hility Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or	registered offic	e address on our records, en	nter the name of the new regis
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
New registered office radicise.		Enter Florida street or	ddress
			, Florida
		City <sup>,</sup>	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	FIORENTINO, GIUSEPPE	8273 JOHN YOUNG PARKWAY	□Add
		ORLANDO, FL 32819	□Remove
			■Change
			□Remove
			□Change
			□ Remove
			∩Change
			□Add
			Change
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	(optional)	
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near If the	date incerted in this block does not most the appropriately	113000 0
ocument's	effective date on the Department of State's records.	
	and the same of th	Aer the
record spec	sifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	
l is filed.	_	
IUNI	: 2717II / (N /%)	
ated		
	VM. Form	_
-	Signature of a/member or authorized representative of a member	_
	/ - (	
	GIUSEPPE FIORENTINO	