

Page: 3 c	of 6 2023	-05-16 16:29:18 GMT	13212340285	From: Miguel Rome
		COVER LETTER		
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TO: Registration Se Division of Co	ection ?			
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▼ DANINO'S	LLC - MGR REMOVAL A	ND REGISTERED AGENT	UPDATE 🖁	
	Name of L	imited Liability Company		
The enclosed Articles of	Amendment and fee(s) are st	sharing of the City		
	ordence concerning this matte	_		
	GIUSEPPE FIORENTIN	10		
		Name of Person		
	DANINO'S LLC			
		Firm/Company		
	8273 S JOHN YOUNG I	ŶKWY		
		Address		
	ORLANDO FL 32819			
	<u> </u>	City/State and Zip Code	<u> </u>	
	DANINOSLLC@GMAIL			
		(to be used for future annual repo	ort notification)	
For further information of	procerning this matter, please	call:		
GIUSEPPE FIORENTIN	0	407 556-42	248	
Name of	Person	Area Code I	Daytime Telephone Number	
Enclosed is a check for the	e following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,	
C.	Certificate of Status	Certified Copy	Certilicate of Status	i ða
		(additional copy is enclosed	 Certified Copy (additional copy is enclo 	sed)
Mailing Address	•	Street Addre		
Registration Section Division of Corporations		Registratio		
P.O. Box 6327			f Corporations of Tallahassee	
Tallahassee, F			onroe Street, Suite 810	

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2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANINO'S LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>12/13/2019</u> and assigned Florida document number <u>L19000303848</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	TAX TRAINERS II	VTERNATIONAL CONSULTANTS L	LC	
New Registered Office Address:	3585 GRANDE RESERVE WAY APT 209			:
		Enter Florida street address		
	ORLANDO	, Florida	37 12	
	••	City	Zip Cade	

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 amendin or removed	g Authorized Person(s) authorized <u>I from our records:</u>	to manage, enter the title,	name, and address of eau	h person being added
MGR = N				
AMBR = A	Authorized Member			
Title	Name	Address		Type of Action
MGR	JUAN RAMON PARADAS		NG PKWY ORLANDO FL	
		<u> </u>	·,	ERemove
				ElChange
MGR	NINOSKA FIORENTINO	8273 S JOHN YOUT	NG PKWY ORLANDO FL	32819 🗆 🗆 Add
				ERemove
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ective date, if	other than the d isted, the date must b	ate of filing	05/12/2023	s 		(options	l)	
a effective date is <u>der</u> If the date i	isted, the date must b iserted in this bloc	ic specific and a k does not un	cannot be prior eet the applic	r to date of fili cable statuto	ng or more than ry filing requir	90 days ofter fili ements, this de	ng.) Pursuant to 6f to will not be lie	05,0207 (start us ti
cument's effecti	ve date on the Dep	artment of St	ate's records	-	2			
ecord specifies a is filed.	delayed effective (date, but not a	in effective (ime, at 12:0	l a.m. on the e	arlier of: (b)	The 90th day aft	er the
is med.								
			202					
May 12th		0- (~4025					

Typed or printed name of signee

Filing Fee: \$25.00