## L20000016526

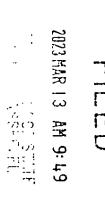
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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5/9/23 YW



## **COVER LETTER**

Division of Co	rporations		
SUBJECT: R	AIN RELLC		
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Danika	R. Oliverio  Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	12817 SW	1ST PLACE Address	
		Address	
	Newberr	Y FL 32669	
		OCity/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	·	,
		at (352) 264 - Area Code Daytime	- 4775 e Telephone Number
inclosed is a check for the	ne following amount:		
□ \$25.00 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)

TO:

Registration Section

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 Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 2 00000 16526</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
DANIKA OLIVERIO LLO The new name must be distinguishable and contain the words "Limited Liability Contains the words "Limited Liability Contains the words "Limited Liability Contains the words".	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2023 HAR
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	R 13 AM 9: 49
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	
	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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			Change
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(If an effe Note:	ve date, if other than the date of filing:
(If an effe <u>Note:</u> docume	ective 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 (2) 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.  It 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

Typed or printed name of signee