## K20000024845

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2022 JAN 31 AH 8: 59
SECRETARY OF STATE

A. BUTLER FEB 1 8 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	JANT Sty Name of Limi	ited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subi	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
		anet Penez	
		Name of Person	
		Firm/Company	
	ll	NW 60 Aug	
	<u> </u>	Address  Address  City/State and Zip Code	0
-	E-mail address: (t	o be used for future annual report notifi	ication)
For further information conc	iez	at ( 305) 7-164-	958U Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee	Si \$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)
Mailing Address:		Street Address:	

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

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

(Name of the Limited Liability Co) (A Florida Limi	mpany as it now appears on our records? JAN 31 AH 8: 59 ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2000024845</u>	A SEURE IARY OF STATE
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I  The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:	DA LLC
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	<u></u>
New Registered Office Address:	Enter Florida street address
ZOWI	Cuy . Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

١

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
MyR	Janei Penez	Man & 33 De	☐ Add ☐ Reprove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del>.</del>	□Change
	<del></del>		□Add
			□Remove
			□ Change
			🗆 Add
			□Add
			□ Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Name Charge
(If an et Note:	tive date, if other than the date of filing:
If the reco record is f	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 iled.
Dated	January 23/1. 2022.
	- City So
	Signature of a member or authorized representative of a member
	Janet Yenez
	Typed or printed name of signee

E. ...