L20 0000 47505

(Req	uestor's Name)	
· (41)		
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
L		

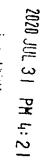
Office Use Only



500348847545

07/31/20--01003--027 **25.00

SEP 2 0 2020 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	۰۰ بر ۱۰۰		
SUBJECT: Danielle Clan	ISON, LLC ited Liability Company		
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence concerning this matter to the following:			
Danielle	Clawson Name of Person		
<u>Danielle</u>	Clawson, LLC Firm/Company		
	Lucaya St Address		
Port Sain	1+ Lucie, FL 34952		
daniellecle E-mail address: (nt Lucie, FL 34952 City/State and Zip Code AWSON 19 @ gmail. COm to be used for future annual report notification))	
For further information concerning this matter, please call:			
Danielle Clawfon Name of Person	at (200) 450 - 5990 Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$ Sand Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)		

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

Danielle Cla	awson, LLC E T			
(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 2/10/2020 Mand assigned Florida document number <u>L 2006647505</u>				
Florida document number <u>L 20000047</u> 505				
This amendment is submitted to amend the following:	是 2			
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 Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2220 SE Lucaya St			
(Principal office address MUST BE A STREET ADDRESS)	2220 SE Lucaya St Port Saint Lucie, FL 34952			
Enter new mailing address, if applicable:	2220 SE Lucaya St Port Scint Lucic, FL 34952			
(Mailing address MAY BE A POST OFFICE BOX)	34952			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address: 2220	SE LUCAYG ST Enter Florida street address			
	Lucie Florida 34952			
	City Zin 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>Name</u> <u>Address</u> **Type of Action** <u>Title</u> _ 🗆 Add □Remove □ Change _□Add □Remove Change _ DAdd □Remove _____ Change □Add Remove Change □Add □Remove _ Change □Add □Remove _ □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member Danielle Clawson

Typed or printed name of signee

Filing Fee: \$25.00