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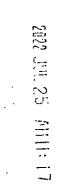
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COVER LETTER

TO:

Registration Section

Division of Cor	rporations			
	AILS BY DANIA LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Corey Bray			
		Name of Person	~	
	LegalNature LLC		2022 JUL 25 FIII: 1	
		Firm/Company		
	8 The Green Suite 4336		i i i	
		Address		
	Dover, DE 19901		· · · · · · · · · · · · · · · · · · ·	
	rosariodania@yahoo.com	City/State and Zip Code	PA, 234-8 -8 -1-	
		to be used for future annual report no	tification)	
For further information c	concerning this matter, please c	all:		
Corey Bray		888 881-1139 at ()		
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration	Section	Street Address: Registration S		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee,			oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
and assigned
breviation "L.L.C."
2022
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. 22

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
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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		□Add
			□Remove
			☐ Change
	 		□Add
			□Remove
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a to the sheet of the second the	(optional)	
etive date, if other than the date of filing:	ling or more than 90 days after filing 1 Pursu	unt to 605 f
e: If the date inserted in this block does not meet the applicable statute ument's effective date on the Department of State's records	ory filing requirements, this date will n	ot be uste
union serietive date of the September 1997		
ford specifies a delayed effective date, but not an effective time, at 12.0	Ham on the earlier of (b). The 90th	day after
filed		
4 January 12 2022		
		
Whie		
Signature of a member of a mem	entative of a member	

Filing Fee: \$25.00