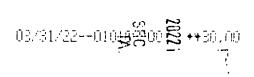
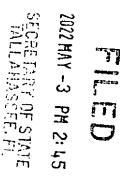
LZ1000 161417

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
Type of A	rction	
J	Office Use Or	



200382625962





A. BUTLER MAY 1 2 2022

COVER LETTER

Registration : Division of Co			
DADPAI	SHOPLLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are su	hmitted for filing	
	condence concerning this matte		
	Dayoud Fattahi Marnani		
		Name of Person	
	DADPAD SHOP LLC		
		Firm/Company	<u> </u>
	2550 N Alafaya Trl Apt 7	105	
		Address	
	Orlando Florida 32826		
	D. 16.1.75	City/State and Zip Code	
	Ddfthi@gmail.com E-mail address:	to be used for future annual report	notification)
For further information	concerning this matter, please c	rall:	
Davoud Fattahi Marnan	i	321 4402863 at ()	
Name	of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration	
Division of C P.O. Box 632		Division of C The Centre o	Corporations
Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DADPAD SHOP LLC

company has been notified in writing of this change.

FILED 2022 HAY -3 PM 2: 45 (Name of the Limited Liability Company as it now appears on or

	Orlando		, Florida 32826
New Registered Office Address.	Enter Florida street address		reet address
New Registered Office Address:	2550 North Alafaya Trail Apt 7105		
Name of New Registered Agent:			
agent and/or the new registered office addr	ess nere.		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our recor	ds, enter the name of the new regi
			
(Mailing address MAY BE A POST OFFICE BOX)		Orando, Piorida 328	20
Enter new mailing address, if applicable:		2550 North Alafaya 'Orlando, Florida 328	<u> </u>
			P. T.A 7105
<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)		Orlando, Florida 328	26
Enter new principal offices address, if applicable:		2550 North Alafaya	Гrail Apt 7105
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."

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

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

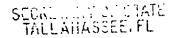
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Davoud Fattahi Mamani		_ □Add
			_ □Remove
		2550 North Alafaya Trail Apt 7105 Orlando, FL 3282	6 _ ≣Change
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
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			_ □Remove
			□ Change

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-	
i effec <u>te:</u> If	e date, if other than the date of filing:
cord s filco	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 f.
ed	1/25/2022
	Signature of a member or authorized representative of a member
	DAVOUD FATTAHI MARNANI
	Typed or printed name of signee



RECEIVED

2022 MAY -3 AM 7: 40



April 15, 2022

DAVOUD FATTAHI MARNANI 2550 N ALAFAYA TRL APT 7105 ORLANDO, FL 32826

SUBJECT: DADPAD SHOP LLC Ref. Number: L21000161417

We have received your document for DADPAD SHOP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DID NOT CHECK A TYPE OF ACTION FOR YOUR AUTHORIZE PERSON.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 022A00008838