## L21000169406

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
Office Use Only	



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**COVER LETTER** 





The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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 Address:</u> 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 A TO ARTICLES OF OF OF	RGANIZATION
Danyel's Muse of (Jame of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L2100010<sup>C</sup>14010</u> .	rere filed on <u>0411712021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	<u>ty company here</u> :
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	2
(Principal office address MUST BE <u>A STREET ADDRESS)</u>	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY RE A POST OFFICE ROX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	Drulelle Sur	е
New Registered Office Address:	STYL SUJ ZIPTY	1(+ +203
	Enter Florid	da street address
	Danie	Florida <u>3.3314</u>
	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

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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>	Name	Address	<u>Type of Action</u>
MGaR	Danielle Scire	5741 JU 30th (+ #203	-
		Danie fl 33314	🗆 Remove
		<u> </u>	□Change
AMBR	Danielle Scine	5741 SU 310 C+ #203	pvqq
		Danie FI 33314	🗆 Remove
			🗆 Change
		, <u> </u>	□Add
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			Remove
			🗆 Change
			🗆 Add
			_ 🗆 Remove
			⊡Change

## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

Dated 518 2021	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	