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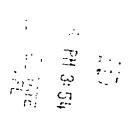
(Requestor's Name)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Division of C			
Danran, SUBJECT:	LLC		
SUBJECT:	Name of Lim	ted Liability Company	
•			
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
1			
	Stephen E Welhouse		
		Name of Person	
		Firm/Company	
	5103 Contoura Drive		
	STOS CORONIA INIVO		
		Address	
	Orlando, Florida 32810		
-1		City/State and Zip Code	_ _
	swelhouse56@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please co	all;	
Stephen E Welhouse		321 231-4965	
1	e of Person	at () Area Code Davtime	e Telephone Number
	· · · · · · · · · · · · · · · · · · ·	,	
**	•	•	
Enclosed is a check for	r the following amount:		
1 S25.00 Filing Fee	. \$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 enclo
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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

Danran, LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it <u>now appears on our records.)</u> Liability Company)		 ,	_
The Articles of Organization for this Limited L	iability Company	were filed on June 1, 2021		_ and	assigned
Florida document number 1.21000252519	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
Falgowner Commerce. Lt.C Edgewater	Commer	ce Park UC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation "LLC" o	r the abbro	viation	"L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		same as listed previously:			
		5103 Contoura Drive			
	Orlando, Florida 32810				
Face you welling address if applicables		same as listed previously:			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/or ragent and/or the new registered office address	-	address on our records, enter th	e name (of the	new register
Name of New Registered Agent:	NA				· :
New Registered Office Address:	NA		312	بن	P. S.
		Enter Florida street address	۰۲۰۰۰ دست	<u>5</u>	
	NA	, Flori	ida $\frac{NA^{(1)}}{}$		
		City		Zip Co	de

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>Title</u>	<u>Name</u>	Address	Type of Action
	NA		□Add
			□Remove
			□Change
			🗆 Add
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			□Add
			□Remove
			□Change

NA			
		_,	
			
	07/12/2021		
Note: If the date inserted in this	the date of filing: must be specific and cannot be prior to s block does not meet the applicable Department of State's records.	date of filing or more than 90 days le statutory filing requirements	optional) after filing.) Pursuant to 605.020; , this date will not be listed as
record specifies a delayed efferd is filed.	ctive date, but not an effective time	e, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated June 12		- •	
Steph	Signature of a inember or authori		
	Signature of dimember or authori	zed representative of a member	
	Signature of a memory of autom		

Filing Fee: \$25.00