## LZI 000315654

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS

DEC 10 2021

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT: Dais	su Anartments	LLC	
		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Door	Romando	
	Name of Person		
		Firm/Company	
	4330 Hillcres	st Dr. Building 23	3. Apt. 903
		Address	•
	Hallingon	d Fl 33721	
		City/State and Zip Code	
	<u>isabelle11</u>	01.0comcast.net	<del></del>
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Don R	a. maada	2772 (CDI-2	219
Name o	f Person	at ( <u>ما کا کا</u> ما مدر التا کا کا ما ماد کا	e Telephone Number
Enclosed is a check for th	e following amount:		
	-	□ 656.00 Pills . Pa. 9.	(1) \$(0.00 Eilimm For
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	atio
Registration Section Division of Corporations		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 KCT 27 FH 3: 13 Florida document number <u>L21000315654</u> This amendment is submitted to amend the following: 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	Name	Address 21 KON 29 PH 3: 14	Type of Action
MGR	Revocable Trust of Dana Raymondo	4330 Hillorest Dr. Apt 903B	
Dank ( Lag	Dance ( Long)	Hollyword, FL 33021	□Remove
			<b>X</b> Change
			□Add
			□Remove
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D. If amending any other info	rmation, enter ch		a additional sheets, if nec	essary.) PH 3: 14
			<del></del> .	
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the control of the	nis block does not ir	eet the applicable statut	(option of the days after ory filing requirements, this	o <b>nal)</b> filing.) Pursuant to 605.0207 (3)(b s date will not be listed as the
If the record specifies a delayed eff record is filed.	ective date, but not	an effective time, at 12:	01 a.m. on the earlier of: (b	The 90th day after the
Dated November	10th.	2021		
	Signature of a n	Porus Porusudo nember or authorized repre	sentative of a member	
		a Raymon Typed or printed name of		

Filing Fee: \$25.00