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Office Use Only

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Daro US L	I.C		
30bate (	Name of Lin	nited Liability Company	.,,
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Annette Lopez		
		Name of Person	
	Law Offices of Annette Le	opez P.A.	
		Firm/Company	<del></del>
	100 Almeria Ave. Ste. 204	l	
		Address	
	Coral Gables, FL 33134		
	-	City/State and Zip Code	
	annette@annettelopezlaw.c		
	E-mail address! (	to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Annette Lopez		305 517-3151	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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 enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section 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 OF

DARO US LLC

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on Sept. 10, 2021	and assigned
Florida document number 1.21000402942		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the s	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BOX)	-	
		<del>_</del>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, enter the nar	me of the new regi
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	150 150
	, Florida	1 2
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	្តហ្ម

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 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 = Manager AMBR = Authorized Member

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

Member name should read as follows:  Daniella Tuesta Schuler  Effective date, if other than the date of filing:  (optional)  (tf an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	Amending the name of ?	Member Daniela Tuesta Schu	aler to include 2 "Us" in	her first name.	
Effective date, if other than the date of filing: [10/10/2021	Member name should re	ead as follows:			
Effective date, if other than the date of filing:	Daniella Tuesta Schuler				
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	n effective date is listed, the date ote: If the date inserted in th	the date of filing:  must be specific and cannot be is block does not meet the ar	prior to date of filing or mor pplicable statutory filing	(optional) e than 90 days after filing.) Pursa requirements, this date will r	nant to 605,0207 (3) not be listed as 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 t d is filed.		ective date, but not an effecti	ive time, at 12:01 a.m. or	i the earlier of: (b) The 90th	i day after the
Dated October 10 2021  Smith of authorized pepresentative	ted	2021			. A` .

Filing Fee: \$25.00