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(Red	questor's Name)	<u></u>
(Add	dress)	
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(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

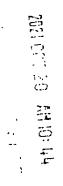
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COVER LETTER

TO: Registration S Division of Co			
	ales Orlando, LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Danielle O'Quinn		
		Name of Person	
	Danielle Sales Orlando, Ll	I.C	
	•	Firm/Company	
	3309 Fishermans Cv		
		Address	
	Winter Park, FL 32792		
		City/State and Zip Code	· · · ·
	daniellcoquinn@yahoo.con	١	
	E-mail address: (to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
Danielle O'Quinn		316 734-1375	
Name o	of Person		ne 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	anti au
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee.	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Danielle Sales Orlando, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on October 08, 2021	and assigned
Florida document number L21000440604		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Danielle Sells Orlando, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
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 a	ddress on our records, enter the na	me of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		: 28
	Enter Florida street address	
	Florida	Zip.Code
	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 agrée 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, 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
			□Add
			Remove
			□ Add
			Remove
			□Change
		······································	□ Add
			Remove
			□Change
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Tective date, if other that an effective date is listed, the date ote: If the date inserted in the date in the date on the date of the d	ris block does no	ot meet the app	licable statutory	or more than 90 da filing requireme	(optional) iys after filing.) Pursunts, this date will n	uant to 605.0207 of be listed as
record specifies a delayed eff is filed.	ective date, but	not an effective	e time, at 12:01	a.m. on the carlie	r of: (b) The 90th	day after the
October 14th		2021	·			
	11/2-	20.	٠	native of a member		