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(Req	uestor's Name)	
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(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer;	

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2022 HAY 16 AM II: NE

COVER LETTER

Division of Cor	porations		
SUBJECT:	Denali De Name of Limi	ted Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	FRANK A B	BINTALAW JR Name of Person	
		Firm/Company	
	10823 DAY BR	BAK GLEN	
		City/State and Zip Code Con One used for future annual report notified.	fication)
For further information of	oncerning this matter, please ca		
FRANK Name o	BTRTALAN f Person	at (<u>338</u>) <u>479 - (</u> Area Code Daytime	Lo 826 e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

FILED

Denali I	etailing LLC	2022 MAY 16 AM 11: 42
(Name of the Limit	ed Liability Company is it now appears on our (A Florida Limited Liability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Li Florida document number <u>L21000</u>	monny company were med on	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of Trank's Aw The new name must be distinguishable and contain the w	to Detailing L	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or ragent and/or the new registered office addres	E.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	Cuv	, Florida
	$c_{\mu y}$	гір Соас

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
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			□Remove
			_Add
		 	□Remove
			□Add
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