K22000055206

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JUN 27 2022
A. LUNT

Office Use Only



700384496107

03/03/33--01018--002/ ******60.00

1. ASSESS OF SOURCES

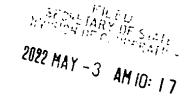
COVER LETTER

TO:

TO:	Registration Se Division of Cor			•	
cun u	o com	DAMAI O	RLANDO LLC	• •	
SUBJE	.CI:	Name of Lim	ited Liability Company	, <u></u>	
The end	closed Articles of	Amendment and fee(s) are sub	DAMAI ORLANDO LLC Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: MARTHA MARURI Name of Person Firm/Company 941 W MORSE BLVD SUITE 100 Address WINTER PARK, FL 32789 City/State and Zip Code E-mail address: (to be used for future annual report notification) this matter, please call:		
Picase	return all correspo	ondence concerning this matter	to the following:		
			Name of Person	·	
			Firm/Company		
		9		TE 100	
				789	
	WINTER PARK, FL 32789 City/State and Zip Code				
C 6	skar information a	Address WINTER PARK, FL 32789 City/State and Zip Code			
rot Iuli				768 4172	
	MARTHA Name o				
Enclose	ed is a check for th	ne following amount:			
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
	Mailing Addres Registration S				
	Division of C	orporations	Division	of Corporations	
	P.O. Box 632 Tallahassee, I			re of Tallahassee Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Daniel Chaptery Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned
Florida document number L22000055206
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 "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
ALL WALLES AND ADOPT OF PIOT DOWN
(Mailing address MAY BE A POST OFFICE BOX)
(Mailing address MAY BE A POST OFFICE BOX)
(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 register
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent:
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
MGR	NAGARO, JUAN FRANCISCO	210 174 ST SUNNY ISLES BEACH FL 33160	
			□Remove
			□Change
MGR	AUSCH, JOSEPH	210 174 ST SUNNY ISLES BEACH FL 33160	🔳 Add
			□Change
	_		□Add
			Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change

If amending	any other information, ent	er change(s) here: (Attach addit	ional sheets, if necessary.)	,
-				
<u>-</u>				
				
				- 182 182
				1822 HAY
				
				平10:
				
fan effective da Note: If the d	e, if other than the date of a set is listed, the date must be specifiate inserted in this block does fective date on the Department	c and cannot be prior to date of filing or r not meet the applicable statutory filing	(optional) nore than 90 days after filing.) Puring requirements, this date will	suant to 605,0207 not be listed as
record specif d is filed.	ies a delayed effective date, bu	t not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90	th day after the
ated	MARCH 14,	2022		
	Signature	Lument authorized representative	e of a member	
	· ·			
		GUILLERMO PULGARIN /Typed or printed name of signee		

Filing Fee: \$25.00