## h22 CCC 152490

| (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: |
|                                         |
|                                         |
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DIVISION OF COMPONATION 22 MAY -6 AM 8: 33

T. MATTHEWS JUN 2 9 2022

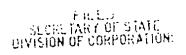
## **COVER LETTER**

**Registration Section** 

TO:

| Division of Corporations                                                                                                     |                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| SUBJECT: DANCO SERVIO                                                                                                        | 112                                                                                      |
| Name of Limited                                                                                                              | Liability Company                                                                        |
|                                                                                                                              |                                                                                          |
| The enclosed Articles of Amendment and fee(s) are submit                                                                     | ted for filing.                                                                          |
| Please return all correspondence concerning this matter to                                                                   | the following:                                                                           |
|                                                                                                                              |                                                                                          |
| Daniel                                                                                                                       | Name of Person                                                                           |
|                                                                                                                              | Name of Person                                                                           |
| DANCO SE                                                                                                                     | RVICE UC                                                                                 |
|                                                                                                                              | Firm/Company                                                                             |
| and lactor b                                                                                                                 | and down C Mark                                                                          |
| 4114 Oliver 1                                                                                                                | readows Way                                                                              |
|                                                                                                                              |                                                                                          |
| Palm Beach                                                                                                                   | City/State and Zip Code  C @ GMail · Com  Le used for future annual report notification) |
|                                                                                                                              | City/State and Zip Code                                                                  |
| DCOELECIKI                                                                                                                   | a used for future appeal report positionion)                                             |
|                                                                                                                              | e used for future annual report normeation)                                              |
| For further information concerning this matter, please call:                                                                 |                                                                                          |
| Daniel Cooke                                                                                                                 | #1561 888·5050                                                                           |
| Name of Person                                                                                                               | Area Code Daytime Telephone Number                                                       |
|                                                                                                                              |                                                                                          |
| Enclosed is a check for the following amount:                                                                                |                                                                                          |
| <b>№</b> \$25.00 Filing Fee <b>№</b> □ \$30.00 Filing Fee <b>&amp;</b> □ \$55.00 Filing Fee <b>&amp;</b> □ \$60.00 Filing Fe |                                                                                          |
| Certificate of Status                                                                                                        | Certified Copy Certificate of Status &                                                   |
|                                                                                                                              | (additional copy is enclosed) Certified Copy (additional copy is enclosed)               |
|                                                                                                                              |                                                                                          |
|                                                                                                                              |                                                                                          |
| Mailing Address:                                                                                                             | Street Address:                                                                          |
| Registration Section                                                                                                         | Registration Section                                                                     |
| Division of Corporations P.O. Box 6327                                                                                       | Division of Corporations The Centre of Tallahassee                                       |
| Tallahassee, FL 32314                                                                                                        | 2415 N. Monroe Street, Suite 810                                                         |
|                                                                                                                              | Tallahassee, FL 32303                                                                    |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY -6 AM 8: 33

| DANCO SERVICE                                                                                                                                                                                                                                                                                                              | llc                                          |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited                                                                                                                                                                                                                                                         | ny as it now appears o<br>Liability Company) | n our records.)                                                              |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000152490</u>                                                                                                                                                                                                               | were filed on $3 \cdot$                      | 29.2022 and assigned                                                         |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                                        |                                              |                                                                              |
| A. If amending name, enter the new name of the limited liab                                                                                                                                                                                                                                                                | ility company here                           | :                                                                            |
| The new name must be distinguishable and contain the words "Limited Liabi                                                                                                                                                                                                                                                  | lity Company," the desig                     | gnation "LLC" or the abbreviation "L.L.C."                                   |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                                                                        |                                              |                                                                              |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                                                                                                                                                                                        |                                              |                                                                              |
|                                                                                                                                                                                                                                                                                                                            | <del></del>                                  | · , , , , , , , , , , , , , , , , , , ,                                      |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                                                                                  |                                              |                                                                              |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                                                 | <del></del>                                  |                                                                              |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:                                                                                                                                                                           | address on our reco                          | ords, enter the name of the new registered                                   |
| New Registered Office Address:                                                                                                                                                                                                                                                                                             |                                              |                                                                              |
|                                                                                                                                                                                                                                                                                                                            | Enter Florida                                | street address                                                               |
|                                                                                                                                                                                                                                                                                                                            | City                                         | , Florida<br>Zip Code                                                        |
| New Registered Agent's Signature, if changing Registered Agent:                                                                                                                                                                                                                                                            | ·                                            | ŕ                                                                            |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | performance of my<br>provided for in Cha     | y duties, and I am familiar with and apter 605, F.S. Or, if this document is |

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 |
|--------------|--------------|------------------------------------------------------|----------------|
| MGIR         | Daniel Cooke | 9114 Green meadows u<br>Palmbeach Gardens B<br>33418 | ZAdd           |
|              |              |                                                      | □Remove        |
|              |              | <del></del>                                          | □Change        |
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| i an effe<br>Note:  | ve date, if other than the date of filing:                                                                                       |
| record<br>I is file | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated _             | may 2 2022                                                                                                                       |
|                     |                                                                                                                                  |
|                     |                                                                                                                                  |

Filing Fee: \$25.00

Typed or printed name of signee