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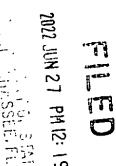
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COVER LETTER

Registration Section Division of Corporations

TO:

SUDICT.	Booger Brain	ns L.L.C.					
SUBJECT:		Name of Limi	ted Liability Company		•		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	dence concerning this matter t	to the following:				
		Matthew Taghavi					
			Name of Person		_		
		Taghavi & Dorilas LLP					
			Firm/Company		_		
		6530 Colgate Ave					
			Address				
		Los Angeles, CA 90048					
			City/State and Zip Code				
		matt@tdlawllp.com				202	
		E-maif address: ()	to be used for future annual	report notification)		IUL S	4
For further in	nformation co	ncerning this matter, please co	all:			27	
Matthew Ta	ghavi		323 524 at ()	4-9942 	Der ES	70	î
	Name of	Person	Area Code	Daytime Telephone Numb	er Es	2022 JUN 27 PM 12: 19	O
Enclosed is a	a check for the	e following amount:					
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifi losed) Certifi	Filing Fee, cate of Status ed Copy nal copy is enclo		
Rej Div P.C	iling Address gistration S vision of Co D. Box 6327 Hahassee, F	ection orporations 7	Division The Cen	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite	e 8 10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Booger Brains L.L.C.		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record i Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 06/13/2022	and assigned
Florida document number 1.22000268667	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Danyl Services L.L.C.		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022
Principal office address MUST BE A STREET ADDR	RESS)	
		N
		SS: PH IT
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new_registered office address here:	d office address on our records, <u>enter</u>	the name of the new registere
agent and/or the new registered office address neve.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	58
	, FI	orida
	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 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</u> 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
			□Change
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date me	ust be specific and cann	ot be prior to da	nte of filing or n	nore than 90 day	ys after filin	ig.) Pursu	ant to 60	5.0207
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record specifies a delayed effecti d is filed. June 17		122						
	\mathcal{C}_{i}							
d is filed.	\mathcal{C}_{i}	oer or authorize	d representative	e of a member		<u>.</u>	<u>-</u>	