

6/4/24, 1:17 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DANIELA RIECKEN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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K. SALY

JUN - 5 2024

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**FILED**  
2024 JUN -4 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DANIELA RIECKEN LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/14/22 and assigned  
Florida document number L22000271992.

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:

3833 POWERLINE RD SUITE 101

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33309

Enter new mailing address, if applicable:

3833 POWERLINE RD SUITE 101

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33309

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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MIDDLESEX COUNTY  
JULIAN S. SELLER

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2024 JUN -14 PM 1:50  
SECURITY ASSIST. FLORIDA  
TALLAHASSEE

FILED

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 4, 2024

Signature of a member or authorized representative of a member

Nat Smith

Typed or printed name of signee

**Filing Fee: \$25.00**