## L22000514476

_
_
_
_

Office Use Only



200398939362

12/15/22--01009--026 \*+25.00

2/28/23 V·W

2022 DEC 15 PM 12: 05 SECRETARY OF STATE

FILED

## **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: Danner &	Rodriguez LLC		
	Name of Lin	ated Liability Company	•.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Juan Rodriguez		
		Name of Person	
		Firm/Company	<del></del>
	2618 Sw 38th Terrace		
	Cape Coral, FL 33914	Address	
	Jsr.juanrodriguez/@gmail.ec	City-State and Zip Code	
		to be used for luture annual report northeatic	on i
For further information	concerning this matter, please c	all.	
Juan Rodriguez		954 289-7993	
Name	of Person	Area Code Daytime Tele	phone Number
Enclosed is a check for t	the following amount:		
<b>■ \$25.00</b> Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	<ul> <li>\$60,00 Filing Fee.</li> <li>Certificate of Status &amp; Certified Copy (additional cop) is enclosed.</li> </ul>
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	itions hassee reet, Suite 810

## FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Danner & Rodriguez LLC		
( <u>Name of the Limited Liability Compar</u> (À Florda Limited L		
The Articles of Organization for this Limited Liability Company of Florida document number £22000514476	were filed on December 7, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
LSBA LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		17. DEC
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		ame of the new registered
	Enter Florida street address	
	Florida	Zap Code
	Citic	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and La. rovided for in Chapter 605, F.S. (	m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or rémoved from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			LIRemove
			\(\text{\textsup} \) \(\text{\text{Linear}} \)
			∐Remove
			□Change
			[TRemove
		-	
			∐Remove
			UChange
		-	
			~1Chanas

Effect	tive date, if other than the date of filing:
(If an e Note	effective date, if other than the date of filing:  (optional)  (decrive date, if other than the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (  (i) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d
Date	
Date	ley w
Date	Signature of a member authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00