## L23000032707

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A. RAMSEY AUG 24 2023

## COVER LETTER

TO: Registration Se Division of Co		·	
	Imports, LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pamela Chuy		
	<del></del>	Name of Person	
	DANPAM, LLC		
	<del></del>	Firm/Company	<del>,</del>
	16376 SW 28th Street		
		Address	
	Miramar FL 33027		
		City/State and Zip Code	·
	pchuy@danpam.net		<u></u>
		to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
Pamela Chuy		954 2745000 at ()	
Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 AUG -7 PM 12 27

DANPAM Imports, LLC

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

(A Florida Limited Liability Company)

		Inability Company)	12	
The Articles of Organization for this Limited I		were filed on January 18, 202	and assigned	
Florida document number L23000032707	····································			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
DANPAM, LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET <u>ADDRESS)</u>			
Enter new mailing address, if applicable:		N/A		
	- nasa			
(Mailing address MAY BE A POST OFFICE	<u>(BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addro	••	address on our records, ento	er the name of the new registered	
New Registered Office Address:	N/A			
	Emer Florida street address			
	N/A	, 1	Florida N/A	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete gistered agent as	e performance of my duties, provided for in Chapter 603	and I am familiar with and 5, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A	N/A	□ Add
	N/A	Remove	
		N/A	☐ Change
N/A	N/A	□Add	
	N/A	□Remove	
		N/A	Change
N/A	N/A N/A	N/A	□ Add
		N/A	□Remove
		N/A	□Change
N/A	N/A	N/A	□Add
		N/A	□Remove
			□Change
N/A N/A	N/A	N/A	□Add
		N/A	□Remove
		N/A	☐ Change
N/A	N/A	N/A	□Add
		N/A	□Remove
		N/A	□Change

## Page 2 of 3

N/	'A
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	e date, if other than the date of filing: N/A (optional)
effec <u>e:</u> I	e date, if other than the date of filing:  (optional)  tive 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 605.02 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the Department of State's records.
ecc ne 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ed _	uly 28 , 202/
	Signature of a monthly or authorized representative of a member
	Signature of waterprint of authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00