

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000088899 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Section 1

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANDAV MISONI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANDAV MISONI, LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v	were filed on 02/14/2023	and assigned	
Florida document number £23000070559			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
Danday Salvatore, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		282	
Mailing address MAY BE A POST OFFICE BOX)			
		 	
B. If amending the registered agent and/or registered office adent and/or the new registered office address here:	idress on our records, <u>enter the</u>	rame of the new registe	
gent and of the new registered write address nere.			
		. · · · · · · · ·	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
Sew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agre-	e to act in this canacity. I furthe	er agree to comply with	
rovisions of all statutes relative to the proper and complete p	performance of my duties, and I	am familiar with and	
ccept the obligations of my position as registered agent as p	ovided for in Chapter 605, F.S	. Or, if this document is	
ging filed to merely reflect a change in the registered office of	iddress, I hereby confirm that ti	he limited liability	

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			☐Change
			□Add
			Remove
			☐ Change
<u></u>	**************************************		□Add
			Remove

				 _
<u></u>				
				········
				
				
			<u> </u>	
· · · · · · · · · · · · · · · · · · ·				-
		····		
		100	<u>.</u>	

	·			
	~ 			
				
Affective date, if other than the d fan effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the ap	oplicable statutory filin	ore than 90 days after filing g requirements, this date	.) Pursuant to 605,020 will not be listed as
record specifies a delayed effective of is filed.	late, but not an effecti	ve time, at 12:01 a.m. o	on the earlier of: (b) Th	ne 90th day after the
	2023			
	·	·		
Dated March 8th	·	ahlay Parkins authorized representative		