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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability Company Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
NATALIA GERMON Danseling Services. LLC Firm/Company	
Address NAPLES FC 3M100 City/State and Zip Code	**
For further information concerning this matter, please call: ATHUH German 9423@Gmail Com E-mail address: (to be used for future annual report notification) The property of the following states and the property of the pr	•
Enclosed is a check for the following amount: \$\sum_{S25,00}\$ Filing Fee \times \text{S55,00}\$ Filing Fee \times \text{Certificate of Status} \text{Certified Copy} \\ \text{tadditional copy is enclosed} \text{Certified Copy} \\ \text{tadditional copy is enclosed}	
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATALIA GERMAN Counsegre Services, LLC

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

(A Florida Limited Liability Company)

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>423 0000 70889</u>	were filed on <u>02/08/23</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		
		7.4 -2.2
		1 9
Enter new mailing address, if applicable:		고.
(Mailing address MAY BE A POST OFFICE BOX)		
		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	r'z
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
l hereby accept the appointment as registered agent and agre	ce to act in this capacity. I fu	orther agree to comply with

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, <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>	Address	Type of Action
MGR	NATALIA GERMAN	220 ERIE DR	ElAdd
		NAPIES FL 3410	□Remove
			□Change
AMBR	Stephen German	220 ERIE DR	Add
		NAPLES EL 34110	□Remove
			□Change
			B∧dd
		<u> </u>	Add 23 —— Remove
			□ Ghange
			TT CTAdd
			□Remove
			□Change
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			□Remove
			□Change

f amending any other information, enter change(s) here: (Attach additional sheets, if nec		
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Filing Fee: \$25.00