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PICK-UP WAIT MAIL
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## COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: DANIEUZ	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	SILVIA GONZALEZ			
		Name of Person		
	N/A			
		Firm/Company		
	3313 NW 13TH TERRAC	E		
		Address		
	MIAMI, FL 33125			
		City/State and Zip Code		
	daniluztattoo@gmail.com			
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
Silvia Gonzalez		786 2199796		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne 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)	
Mailing Addres	is:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 632	!7		rananassee be Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANILUZ ART LLC

2023 MAY -8 AH 7: 15

(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  $\frac{04/27/2023}{1}$ and assigned Florida document number <u>L23000209446</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

## 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.

City

\_\_\_\_, Florida \_\_\_\_

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

Title	<u>Name</u>	Address	Type of Action
MGR	MARIANA LARA	555 NE 34TH ST APT 1805	<b>≡</b> Add
		MIAMI, FL 33137	□Remove
_			Change
			□Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			🗖 Add
			□Remove
			□Change

Effective date, if other than the date of filing:  [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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  In 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 red is filed.  Dated  MAY 04  2023  Signature of a member or pulsorized representative of a member.	N/A				
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DANIEL LUZARDO					