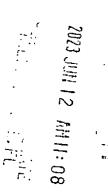
## L23000256381

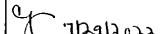
(Requestor's Name)
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<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



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## **COVER LETTER**

TO:

TO: Registration Division of C			
Dannoru SUBJECT:	s, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Danny Anderson		
		Name of Person	<del></del> _
	Dannorus, LLC		
		Firm/Company	
	1150 Arrington Circle		
		Address	<del></del>
	Oviedo, FL 32765		
	danjac.dan@aol.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	all:	
Danny Anderson		407 257-6774 at ( )	
Nam	e of Person		: Telephone Number
Enclosed is a check for	r the 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUN 12 AH11: 08 Dannorus, LLC (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 05/25/2023Florida document number L23000256381 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Danny Anderson	1150 Arrington Circle	<b>=</b> Add
		Oviedo, FL 32765	□Remove
			□Change
		<del></del>	
			□Remove
			Change
<del></del>			□Add
			Change
			□Remove
		<del></del>	☐ Change
			□Remove
			Change
	<del></del>		
		<del></del>	Remove
			□ Change

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Effective date.	, if other than the date of filing: (optional)	
Note: If the da	, if other than the date of filing:	.0207 (: :d as th
e record specific ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	6-8-23	
	Manuallelance  Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member    Normal And Elso   Normal	