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(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

Division of Cor			
Dazzlin Dai	ni "LLC"		
SUBJECT:	None of Fine	ited Liability Company	
	name of Lim	пед глаонцу Сопрану	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Charmaine Wittmann		
		Name of Person	
	Dazzlin Dani "LLC"		
		Firm/Company	
	10462 Whitewind Circle		
		Address	
	Boynton Beach, Florida 33	3473	
	Charmwitt@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Charmaine Wittmann		917 656 0677	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for the	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)

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

Street Address:
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

		12.4
Dazzlin Dani "LLC"07/19/2023		EN AUG
(Name of the Limited	Liability Company as it now appears on our r A Florida Limited Liability Company)	ecords.)
(/	A Florida Limited Liability Company)	ecords.)
he Articles of Organization for this Limited Lia	hility Company were filed on	
1.530003307.11	,	
orida document number		
nis amendment is submitted to amend the follow	ving:	· · · · · · · · · · · · · · · · · · ·
. If amending name, enter the new name of t	the limited liability company here:	
azzlin Dani LLC		
he new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable:		
•		
<u>Mailing address MAY BE A POST OFFICE B</u>	<u> </u>	
		-
. If amending the registered agent and/or re		nter the name of the new regist
gent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	ddm.oc
	tmer r torida street o	IGGECSS
		_, Florida
	City	Zip Code

## 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
		*****	□Change
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