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Y. SCOTT AUG 19 2023

TO:	Registration Sectorial Division of Corp			4		,
SUBJE	CT: <u>Cur</u>	ngleben E	The Company	LLC		
The enc	closed Articles of A	Amendment and fee(s) are	submitted for filing.			
Please r	eturn all correspon	dence concerning this ma	atter to the following:			
		Pau	/ S Sangle be Name of Person	<u>en</u>		
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		_5907 N	Nustana Pl	ace		
			City/State and Zip Co City/State and Zip Co Confer Driges Coss: (to be used for future annu	.1/c@		2023 QUL
For furt	her information co	ncerning this matter, plea	ise call:		5.5	27
_Pc	rul b	<u>Dangleber</u>	2 at (<u>407</u>) Area Code	575 77 Daytime Tele	phone Number 5.	PH 3: 06
Enclose	ed is a check for the	e following amount:				
XX 525	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Statu	-		S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	tus &
	Mailing Address: Registration Se			Address: stration Section	1	

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**

<u>Danaleben 7</u>	Enterprises LLC
(A Florida I	Company as it how appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 2300 0.34939</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
	23 JUL 2 PAH: 2 PAH: 2
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	550 P T
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter r toriaa street address
	, Florida
New Registered Agent's Signature, if changing Registered	

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>	<u>Name</u>	Address	Type of Action
MGR	Paul D. Dangleben	5907 Mustara PL Orlando, 7L 33822	tv⁄Add
		Orlando, 7L 33822	□Remove
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			□Add
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		~	□Change
		SUCHANISSEE, FI.	5 1 1
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ective date, if other than effective date is listed, the date	the date of filir	ig:	to date of filing (r more than 90 ds	(optional	i) a) Pursi	iant to 605 02
e: If the date inserted in th	is block does not	meet the applie	able statutory f				
ument's effective date on th	ie Department of	State's records					
cord specifies a delayed effe	ective date, but no	ot an effective t	ime, at 12:01 a.	m. on the earlie	rof: (b) T	he 90th	i day after th
s filed.							·
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	and		orized representa				

Filing Fee: \$25.00