L23000367175

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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2023 OCT 18 PH12: 4

FUSION OF CORPORATIONS

NECEIVED 2023 OCT 18 PM 2: 32 NECONSTANT PROJECT



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	_		
DANSAM PROPERTIES TWO LLC	- 		
Please Debit FCA000000003 For: 25			
Thank you Seth Neeley			
1	-	63	5
At 1/2/	Art of Inc. File	2023 OCT	<u>₹</u> ;.
	LTD Partnership File	001	호띭
	Foreign Corp. File	8	
	L.C. File		성유다 경우다
	Fictitious Name File	PH 12: 40	왕성
	Trade/Service Mark	<u> </u>	
	Merger File	0	đ.
	Art, of Amend, File		
	RA Resignation		
	Dissolution / Withdrawal		
	Annual Report / Reinstatement		
	Сегі. Сору		
	Рћого Сору		
	Certificate of Good Standing		
	Certificate of Status		
	Certificate of Fictitious Name		
	Corp Record Search		
,	Officer Search		
	Fictitious Search		
SCA STATE OF THE S	Fictitious Owner Search		
Signature	Vehicle Search		
	Driving Record		
Requested by: SETH	UCC 1 or 3 File		
	UCC 11 Search		
Name Date Time	LICC II Retrieval		

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co				
	PROPERTIES TWO LLC			
SUBJECT:	Name of Lim	ited Liability Company		
69		(v. 10 - 5)		
	f Amendment and fee(s) are sub			
Please return all corresp	ondence concerning this matter	to the following:		
	DANIEL SANCHEZ			
		Name of Person		
	DANSAM PROPERTIES	TWO LLC		
		Firm/Company		571
	6964 NW 50 STREET		•	DIVISION OF A
	147	Address		130 08.0
	MIAMI, FL 33166			
		City/State and Zip Code		69#POKATION 8 PH12: 40
	danny@southflorals.com	to be used for future annual report notif	ication)	PHI2: 40
For further information	concerning this matter, please c		(Cation)	0 -
	concerning this matter, prease c			
CASTA PUELLO		at ()	2011	
Name	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	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 Statu Certified Copy (additional copy is enclo	
Mailing Addr		Street Address:		
Registration Division of	Section Corporations	Registration Sec Division of Con		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DANSAM PROPERTIES TWO LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on ou ed Liability Company)	ır record <u>s.</u>)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>08/04/202</u>	23	and assigned
Florida document number 1.23000367175			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designat	ion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			21 0
Principal office address MUST BE A STREET ADDRESS)			- 73 / is
			<u> </u>
			8 6
Enter new mailing address, if applicable:			- 골 등
Mailing address MAY BE A POST OFFICE BOX)			12 14 (3)
3. If amending the registered agent and/or registered offic		a anton the man of	the service series
gent and/or the new registered office address here:	e address on our records	s, enter the name of	the new regist
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida stre	et address	
		, Florida	
	City		ip Code

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

Title	<u>Name</u>	Address	Type of Action
MGRM	DANIEL SANCHEZ	P.O. BOX 228568	
		MIAMI, FL 33222	≅Remove
MGRM	SAMUEL NORIEGA	P.O. BOX 228568	□Add
		MIAMI, FL 33222	≣Remove
			□Change
MGR	DANIEL SANCHEZ	P.O. BOX 228568	≣ Add
		MIAMI, FL 33222	□Remove
			□Change
MGR	SAMUEL NORIEGA	P.O. BOX 228568	■ Add
		MIAMI, FL 33222	□Remove
		 	Change
			THARY OF SULF. CF CONVORATIONS THE CONVO
			□Remove

_ □Change

. If amending any oth informa	ation, enter change(s) here: (Attach additional sheets, if necessa	ry.)
	······································	20
		2023 DCT
<u> </u>		——————————————————————————————————————
		0F CGRPGRAIF
	, .	P#:12; 40
(If an effective date is listed, the date mus	e date of filing:	g.) Pursuant to 605.0207 (3
he record specifies a delayed effective ord is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T	The 90th day after the
Dated October 18,	2023	
	/s/ Manuel L. Crespo Signature of a member or authorized representative of a member	
MANUEL L. CRESPO,		

Typed or printed name of signee