L23000522826

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TO: Registration S Division of Co		•	,			
SUBJECT:	DANMAN	ISHOP LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
		Sonia Becerra				
		Name of Person				
		Swyft Filings				
		Firm/Company				
		3 Greenway Plaza #1320				
		Address				
		Houston, TX 77046				
		City/State and Zip Code				
	E-mail address: (daniellahuti@gmail.com to be used for future annual report notifi	ication)			
For further information	concerning this matter, please co	alt:				
Sonia Becerra		at ()777-04	50			
Name of Person			Telephone Number			
Enclosed is a check for	the following amount:					
☎ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addr		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 63		The Centre of Ta				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION OF

	DANMANSHOP LLC		
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
he Articles of Organization for this Limited L	iability Company were filed on	11/20/2023	and assigned
lorida document numberL2300052282	<u>26 </u>		
his amendment is submitted to amend the foll	lowing:		
. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :	
Ha	avenShop LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the ab	obreviation "L.L.C."
Inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI			13
			5
		,	
inter new mailing address, if applicable:			: <u>;</u>
Aailing address MAY BE A POST OFFICE BOX)			••
-			(3)
. If amending the registered agent and/or gent and/or the new registered office addre		cords, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:	Regsitered Agents Inc		
New Registered Office Address:	7901 4th St N Suite 300	da street address	
	St Petersburg	, Florida _33	3702
	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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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Effective da	e, if other than the	date of filir	10:			(ontion:	al)	
Note: If the	e, if other than the ate is listed, the date must late inserted in this blo ffective date on the De	ock does not	meet the appl	licable statuto	ry filing requir	ements, this d	ing.) Pursuant to 60 ate will not be lis	05.0207 sted as 1
e record speci rd is filed.	fies a delayed effective	e date, but no	nt an effective	: time, at 12:0	l a.m. on the e	arlier of: (b)	The 90th day aff	ter the
Dated		12-05	2023	3				
	David	L	Tled	eti				
X								
X –		Signature of a	member or au	thorized repres	entative of a mer	nber		