L24000020145

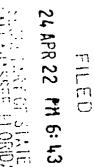
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COVER LETTER

TO:

Registration Section Division of Corporations

DANILA CONFIDENCE LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KRISTINA L POLYUSHKIN Name of Person POLYUS CONSULTING LLC Firm/Company 2999 NE 191ST STE 907 Address AVENTURA, FL 33180 City/State and Zip Code TAX@POLYUSCONSULTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KRISTINA I. POLYUSHKIN Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANILA CONFIDENCE LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company L24000020145	were filed on 01/08/2024	and assigned
Florida document number 1.24000020145		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
		22
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "b. C."
Enter new principal offices address, if applicable:	500 N ANDREWS AVE APT 643	70 7
(Principal office address MUST BE A STREET ADDRESS)	FT LAUDERDALE, FL 33301	55.5. 2 m
		22 0
Enter new mailing address, if applicable:	500 N ANDREWS AVE APT 643	JORDA ORBOA
Mailing address MAY BE A POST OFFICE BOX)	FT LAUDERDALE, FL 33301	
D TO 11 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new register
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street address	
	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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDREY SHELESTOV	3086 HARBOR DRIVE	□ Add
		FT LAUDERDALE, FL 33316	■Remove
AMBR VASIL	VASILISA SHELESTOVA	500 N ANDREWS AVE APT 643	■Add
		FT LAUDERDALE, FL 33301	□Remove
			☐Change
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e record specifies a delayed The 90th day after the rec		ot an effective time, a	t 12:01 a.m. on the earlie	er o
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ated APRIL 3RD	Signature of a member or auth	orized representative of a mer	nber	

Page 3 of 3

Filing Fee: \$25.00