# L240000 H7797

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# **COVER LETTER**

TO:	Registration Se Division of Cor				
	DANIEL'S	DEVELOPMENT GROUP LI	.C		
SUBJI	:CT:				
		Name of Lim	ited Lubility Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Betsalel Touitou			
			Name of Person		•
		Dayan & Associates, PLLC			, r- <u>-</u> 2
			Firm/Company		97. [
	2980 NE 207th st				- B
			Address		(2)
		Miami FL 33180			200 FEB 12 FH 9:23
		-	City/State and Zip Code		
		bets@dayanassociates.com			نت انزا ا
		E-mail address: (	to be used for future annual report noti	fication)	
For fun	ther information c	oncerning this matter, please co	all:		
Betsale	1 touitou		786 850-5997		
	Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANIEL'S DEVELOPMENT GRO			
( <u>Name of the Limi</u>	ted Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) ny)	
he Articles of Organization for this Limited L lorida document number L24000047797	iability Company were filed on	January 25 2024	and assigned
is amendment is submitted to amend the foll	owing:		
. If amending name, <u>enter the new name o</u>	f the limited liability compan-	y here:	
he new name must be distinguishable and contain the	words "Limited Liability Company." (	the designation "LLC" or th	ne abbreviation "L.L.C."
nter new principal offices address, if applic	cable:		
rincipal office address MUST BE A STREE	ET ADDRESS)		
			-0.3
	<del></del>		
utuu naan mailing addusys if amplicables			
nter new mailing address, if applicable:		<del></del>	
<u> Aailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		
			<u> </u>
			: : :3
. If amending the registered agent and/or gent and/or the new registered office addre		ur records, <u>enter the i</u>	name of the new regist
N. CN. B. C. LA	Sargon Daniel		
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter	· Florida street address	
		Florida	1
	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. Thereby 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
AMBR	Daniel Sargon	4179 WORLINGTON TERRACE FORT PIERCE, FI	 <b>⊈</b> □Add
	,		Remove
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### Page 2 of 3

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Filing Fee: \$25.00