



Office Use Only



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COVER LETTER

TO: Registration Division of C	Section Corporations		
	Consulting LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
	Daniel Sam		
		Name of Person	
	Gringo Holdings LLC		
		Firm/Company	.
	3816 Arelia Drive N		
		Address	
	Delray Beach, FL, 33445		
		City/State and Zip Code	
	admin@gringoholdingsllc.	com (to be used for future annual report no	
For further informatio	n concerning this matter, please of	•	mication
Daniel Sam		561 699-6571	
Nan	e of Person	Area Code Dayti	me Telephone Number
Enclosed is a check fo	or 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 Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		Street Address: Registration S	ection
Division of	f Corporations	Division of Co	orporations
P.O. Box 6 Tallahasse	327 e, FL 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gringo Consulting LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our red la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 03/14/2024	and assigned
Florida document number L24000127423	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
DANIZA VENTURES LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "	
Enter new principal offices address, if applicable:		2024
(Principal office address MUST BE A STREET ADD	RESS)	T X
		ω
		P I
Enter new mailing address, if applicable:		<u>ှို့ရ မှ D</u>
(Mailing address MAY BE A POST OFFICE BOX)		19
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ter the name of the new registered
agent and/or the new registered other address here.		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street ad	dress
		, 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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
		·	
			🗀 Add
			□Remove
		<u></u>	□Change
			□Add
			□Remove
			□ Change

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It an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an o	effective date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	May 7 , 2024
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00