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(Requestor's Name)	
(Address)	0(
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	Ĺ
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer. Signature page missing	

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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	ank Kollec	tibles ed Liability Company	
	Name of Emilie	ca maonity company	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
	Elio	Romine-Z	
		Name of Ferson	
-		Firm/Company	
-	11246 5	SW 132 COUT	t west
	Miami	FL 33180 City/State and Zip Code	
-	dankkalle	City/State and Zip Code	gmail.com
_		be used for future annual report notification	
For further information conce	erning this matter, please call	l :	
Elio Ram	irez	at (305) 720	4791
Name of Per	rson	Area Code Daytime To	elephone Number
Enclosed is a check for the fo	ollowing amount:		
	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec		Registration Section	
Division of Corp P.O. Box 6327	orations	Division of Corpo The Centre of Tall	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION .OF

Dank Kolle	ctibles		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apperida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L240002828</u>	y Company were filed on _ 397_	2024 UCT -7 PH 8: 40	igned
This amendment is submitted to amend the following	Ε	The Late of the La	
A. If amending name, enter the new name of the l	imited liability company	here:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the	e designation "LLC" or the abbreviation "L.l	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		records, enter the name of the new	v registered
Name of New Registered Agent:			
•			
New Registered Office Address:	Enter F	Torida street address	
	City	, Florida 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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elio Ramirez	11246 SW 132 court West	MAdd
		MiamiFL, 33186	□Remove
			□ Change
			□ Λ dd
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ote:	ve date, if other than the date of filing:
ecore	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ned	10/4/24 October 4. 2024
	Signature of a member or authorized representative of a member
	Ramiler Ello Typed or printed name of signee

Filing Fee: \$25.00



September 9, 2024

ELIO RAMIREZ 11246 SE 132 COURT WEST MIAMI, FL 33186

SUBJECT: DANK KOLLECTIBLES LLC

Ref. Number: L24000282892



We have received your document for DANK KOLLECTIBLES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are missing your last page your amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 724A00020052

Anissa Butler Regulatory Specialist II