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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DAATH GROUP LLC

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:

Jose Pereyra

Name of Person

Zu LLC

Firm/Company

600 N Broad St, Ste 5 -844

Address

Middletown, Delaware 19709

City/State and Zip Code

docs@vulpeinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Pereyra

302 4690768

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SOLICITORS
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

DAATH GROUP LLC

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ESCALANTE LORENZANA CORALIA E.	412 W 7TH ST STE 758, NM 88101	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ESCALANTE LORENZANA CORALIA E.	3 WINDSOR DR ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LIZANO ESCALANTE IRVING	412 W 7TH ST STE 758, NM 88101	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LIZANO ESCALANTE IRVING	3 WINDSOR DR ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 3, 2024

Langscatf

LIZANO ESCALANTE
IRVING

Typed or printed name of signee

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Filing Fee: \$25.00