(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 7 ining officer.
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FILED 2024 AUG 23 AM 8: 51

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ 25.00 **AUTHORIZATION SIGNATURE:** L2000355533 Daniel Durante Jr PLLC BUSINESS (Name) Document #. ___ Pick up time___ ___ Walk in Will wait Mail out Photocopy Certified Copy Certificate of Status **NEW_FILINGS AMMENDMENTS** Profit X Amendment Resignation of R.A. Officer/Director Not for Profit Limited Liability Change of Registered Agent Dissociation or Resignation Domestication **CORP** Merger LLLP Conversion REGISTERATION/QUALIFICATIONS **OTHER FILINGS** Annual Report Foreign Filing Limited Partnership Reinstatement Fictitious Name Trademark APOSTIL () STATEMENT OF AUTHORITY Country

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM TAUTHORIZATION SIGNATURE	THIS ACCOUNT: 120210000160: \$ 25.00
Daniel Durante Jr PLLC	L2000355533 (
BUSINESS (Name)	Document #.
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication CORP LLLP	_X _AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissociation or ResignationMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ()	Trademark STATEMENT OF AUTHORITY
Country	
	EXAMINER'S INITIALS:

COVER LETTER

Division of Corp			
SUBJECT:	niel Durant	e JR PLLC	
3013EC1	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Danie	Name of Person	
	Naviel	jurante JR PLLC Firm/Company	
		Firm/Company	
	426 SW	Holden Terrace	٧
		Address	
	Port St L	ucie/Florida/31 City/State and Zip Code	1984
		re 024 (1 e. Mail. Colto be used for future annual report notif	
For further information co	oncerning this matter, please ca	all:	
Daniel Name of	Durante	at (772) 485-(Area Code Dayrime	o 7 []
Enclosed is a check for th	e following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	s:	Street Address:	

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

.

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	OF	2026	-ED
Daniel Dura	nte JR	1024 AUG 23	-ED AM 8:52
(Name of the Limited Lia	bility Company as it now a orida Limited Liability Comp	appears on our records.)	- F370 12
			7.20%
The Articles of Organization for this Limited Liability	y Company were filed o	200 <u>08/13/3057</u>	and assigned
Florida document number <u>L200035553</u>	<u>53</u> .		
This amendment is submitted to amend the following	;• •		
A. If amending name, enter the new name of the l	imited liability compa	ny here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company.	"the designation "LLC" or the	abbreviation "L.L.C."
· ·			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		· ···········
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe		our records, enter the na	me of the new registered
agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:		<u> </u>	
	Ent	ter 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel Durante JR	426 SW Holden Terrace	Add
		Port St Lucie, FL 34984	□Remove
			□Change
	- <u></u>		🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Change
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<u>lote:</u>	tive date, if other than the date of filing:
reco l is fi	rd 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 iled.
	August 22 2024
ated	
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00