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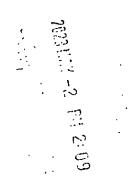
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| Special Instructions to Filing Officer: |
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COVER LETTER

| | ROPERTY MANAGEMENT S | SERVICES LLC | |
|----------------|---|--|--|
| | Name of Lim | ited Liability Company | |
| d Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| i all correspo | ndence concerning this matter | to the following: | |
| | CARMEN | S. ROMERO-TEJEDA | _ |
| | | Name of Person | |
| | CST BU | SINESS GROUP LLC | 2023 Mail |
| | | Firm/Company | |
| | 1841 JACKSON STREET | | ar the |
| | | | |
| | HOLLYWOOI |), FL 33020 | · · · · · · · · · · · · · · · · · · · |
| | City/State and Zip Code | | . , |
| | estfinancia | d@estgroup.us | |
| | E-mail address: (| to be used for future annual report noti | ification) |
| nformation c | oncerning this matter, please c | all: | |
| S. ROMERO | -TEJEDA | 954 323-2494 | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| a check for th | ne following amount: | | |
| Filing Fee | S30.00 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>Street Address:</u> Registration Se | ection |
| vision of C | orporations | Division of Cor | rporations |
| | | | |
| | nformation c S. ROMERO Name o a check for th Filing Fee gistration S vision of C D. Box 632 | Name of Lim Name of Lim d Articles of Amendment and fee(s) are sub a all correspondence concerning this matter CARMEN CST BU HOLLYWOOI estfinancia E-mail address: 6 ROMERO-TEJEDA Name of Person a check for the following amount: Filing Fee \$30.00 Filing Fee & | Name of Limited Liability Company Id Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: CARMEN S. ROMERO-TEJEDA Name of Person CST BUSINESS GROUP LLC Firm/Company 1841 JACKSON STREET Address HOLLYWOOD, FL 33020 City/State and Zip Code cstfinancial@cstgroup.us E-mail address: (to be used for future annual report not information concerning this matter, please call: S. ROMERO-TEJEDA Name of Person Area Code S555.00 Filing Fee & Certified Copy (additional copy is enclosed) The Centre of Company Street Address: gistration Section Vision of Corporations D. Box 6327 The Centre of Contractions CARMEN S. ROMERO-TEJEDA Name of Person Street Address: Registration Section Division of Company Street Address: Registration Section The Centre of Contractions Division of Company Street Address: Registration Section Street Address: Registration Section Supplied The Centre of Contractions Division of Company Street Address: Registration Section Supplied The Centre of Contractions Division of Company The Centre of Contractions The Centre of Contractions The Centre of Contractions Name of Person Address: Street Address: Registration Section The Centre of Contractions The Centre o |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| SMART PROPERTY MANA | AGEMENT SERVICES LLC | |
|--|--|---|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records (Liability Company) | <u>7) </u> |
| he Articles of Organization for this Limited Liability Compan | y were filed onJanuary 7, 2020 | and assigned |
| lorida document numberL20000013603 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited lia | bility company here: | |
| DAYASYSTEMS LLC | | |
| he new name must be distinguishable and contain the words "Limited Lial | oility Company," the designation "LLC" | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | 78. |
| Frincipal office duaress most be A STREET ADDRESS | | <u> </u> |
| | | |
| | | t |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 2: |
| | | 9 |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: | address on our records, <u>enter</u> | the name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | P | |
| | Enter Florida street address | |
| | | Orida Ziv Code |
| | City | zip Coae |

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 |
|--------------|-------------|---------|----------------|
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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the application unient's effective date on the Department of State's records. | to date of filing or more than 90 days after filing.) Pursuant to 605.0 able statutory filing requirements, this date will not be listed |
| cord specifies a delayed effective date, but not an effective tir s filed. | me, at 12:01 a.m. on the earlier of: (b) The 90th day after t |
| (almer) - signature of a member or anho | _· |
| | ai and annuar actual as a Community |

Filing Fee: \$25.00