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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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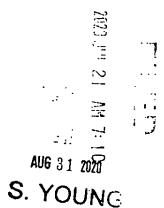
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COVER LETTER

	Registration Sect Division of Corp		•	4 U .gr.	هر
SUBJEC	ст. <u>Nan</u> ç	JIE'S Destinite	d Liability Company	4°	
The encl	osed Articles of A	mendment and fee(s) are subm	itted for filing.		
Please re	turn all correspon	dence concerning this matter to	the following:		
		<u>Chenique</u>	Name of Person	2	
		Nahgie's	Deshnu Firm/Company	10.1	<u>lc</u>
		6619 Per	ble beat	ch	
		NOVAH lau	City/State and Zip Code	· F1	33068
		My PS Description of the Control of	hny @gm	ceport notificati	on)
For furth	er information cor	cerning this matter, please call	:		
Che	MIGUA Name of F	Person PMGE	at (750) 2 Area Code		ephone Number
1		following amount:			
X ¹ \$25.0	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:		Street Ad	dress:	

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 OF

-3

(A Florida Limited	uly as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L2000127138.	1	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lial	bility company here:	_
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7860 Cuest (1 Lunder Nill fl. 3 Suite 200 #3	mmercialBirc 3335 1 563 *
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>,</u>
	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 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	Muriel Similien	14115 Ne 11thave	□Add
		North Miami fl 33161	XRemove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I.I am removing Muriel Similien from The
Company
2. My new Company mailing address is
7860 west commercial Bird
lauder hill fl 33351 Suite 200 # 5634
3. My new LLC name will be
Live Daily LLC
<u> </u>
4. my fictitious name will be
4. my fictitious Name will be Nangie's Destiny Co. (paid for already)
Tracking #500348380085
5. My physical address will remoun
6619 Pebble beach North Lauderdale H
33068.
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated July 15 2020 Signature of a member or authorized representative of a member
Cheniqua Raphael Typed or printed name of signee

Filing Fee: \$25.00