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DIVISION OF CORPORATION 10 OCT 25 AH 10: 43

### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:		II LLC	
SUBJECT:	Name of Limit	ted Liability Company	destrone of the second of the
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Jacob A	Name of Person	
	J6	Pary Company	epia
	6520 W. Pe	I com LN	
		Address	
	Homosussa, FL	3 4 4 4 8  City/State and Zip Code  Syghoo, Com  be used for future annual report notifica	
	11. 11.	City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notifica	tion)
For further information o	oncerning this matter, please ca	ali:	
Jacob Dyne	lan	at (352) 464-2899	l
Name o	f Person	Area Code & Daytime 1	elephone Number
Enclosed is a check for the	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 ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT

## FILLED

# ARTICLES OF ORGANIZATION OF CORPORATION:

**OF** 

10 OCT 25 AH 10: 48

I D DAYWALL	LLC				
(Name of the Limited Lia (A Flo	bility Company as it now appears ( rida Limited Liability Company)	om our records.)			
The Articles of Organization for this Limited Liabili		2 06 and assigned			
Florida document number LUGUUUU 4 5					
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability company here:				
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company	," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable	• · · · · · · · · · · · · · · · · · · ·				
(Principal office address MUST BE A STREET A	DDRESS)	the state of the s			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered office	42	r records, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
		6520 W. Belican Lane Homosussy, Fl 34448	Add Remove
<del></del>			Add Remove
			Add
			Add
			Add
			Remove  
D. If amend	ling any other information, enter chan	ge(s) bere: (Attach additional sheets, if necessary.)	SECRETARY SECRETARY OF CE NO OCT 25
-			Cesporation
— —	.t. 22 <sup>nd</sup> , 201		
Dated <u>∪</u> c	Al A	er or authorized representative of a member	
	Jacob Du		

Page 2 of 2

Filing Fee: \$25.00