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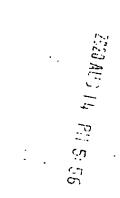
(Rec	questor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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O SIMMONS OCT 0 1 2020

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Jav	Nes O'Day Co Name of Limi	ited Liability Company	<u> </u>
	Amendment and fec(s) are sub-	Ţ.	
Please return all correspoi	ndence concerning this matter	to the following:	
		Rame of Person	
	Joseph	E. Miniclied	-, PA
	1037 Pathf	Ander Way, St	e. 150
		Eity/State and Zip Code	
	Ur, 72 @	aol.com o be used for future annual report not	Managaria de la companya de la comp
For further information co	oncerning this matter, please ca		meanon
Joseph & Name of	Minicher	at ( 321 ) 639 Area Code Daytin	ne Telephone 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)	☐ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	DAY COMPANY mpany as it now appears on our reco ted Liability Company)	PA AUG 14 PH 5: 56
The Articles of Organization for this Limited Liability Compa	any were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>nla</u>	
(Principal office address MUST BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable:	_ nla	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, ent	er the name of the new registere
Name of New Registered Agent:	n a	
New Registered Office Address:		
	Enter Florida street addi	ress
		FloridaZip Code
N. B. J. Li. M.C	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.

v	a
If Changing Register	red 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

Title	<u>Name</u>	Address 920 AUC   14 Pil 5: 56	Type of Action
MGB	MINICLIER STEPHANIE S.	50 Anchor De Trainthato Florida 32937	w Ball□Add
			Remove
			Change
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	502JAU314 PH 5:56
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**	
ective d	ate, if other than the date of filing: date of Filing (optional)  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 605.020
<u>te:</u> If the	edate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ument`s	effective date on the Department of State's records.
cord spe	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
i	
ted	hogust 11 2020
_	Jack a Mundle
	Joseph E. Minicized representative of a member  Typed or printed name of signee
	Total & Mill -
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Filing Fee: \$25.00