L07000028233

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(City/State/Zip/Phone #)					
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EXAMINER

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

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TO:

Registration Section

Division of Cor	porations.		
SUBJECT:	Everydayoca/s	, LLC ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EriK	R. Faraldo (Name of Person)	
	Every	(dayolals, LLC	
	4518 - A W	est Line Daugh Aue (Address)	4
		(Address)	2009 SEC
			≥≅
		Oa FL 33624 (City/State and Zip Code)	JUN 16 F
			me m
For further information of	concerning this matter, please c	all:	
EriK	Faraldo	at (818) 203-76	U PERIDA PERIDA
(Name	of Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check for the	he 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)
	ING ADDRESS: ration Section	STREET/COURIER A Registration Section	ADDRESS:
Divisio	on of Corporations	Division of Corporation	ıs
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center	Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Every day deals,	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000028233</u> .	were filed on03/14/07	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim	•	Z S
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the desig	nation "LEC" or the appreviation
Enter new principal offices address, if applicable:		SS -
(Principal office address MUST BE A STREET ADDRESS)		TEST F
Enter new mailing address, if applicable:		22 1164
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		, enter the name of the new
New Registered Office Address:	(Enter Florida	street address)
	.,	
- · · · · · · · · · · · · · · · · · · ·	(City)	orida (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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager · · ·

	<u>Name</u>	Address	Type of Actio
····			Add
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If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	U r Remove
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	June 7 , 20	ge(s) here: (Attach additional sheets, if necessar)	U r Remove

Page 2 of 2

Filing Fee: \$25.00