L07000043924

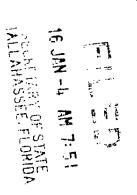
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300280204173 LD7-43924 Amend

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JAN -5 2016 N. CAUSSEAUX

GOVER LETTER

TO:	Reg Div	istration Sec ision of Corp	ction porations		,
CHID	HECT.		ancing, LLC		
SUB	JECT:		Name of Lim	ited Liability Company	
The	enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Plea	se return	all correspon	ndence concerning this matter	to the following:	
			Paige Timmer		
				Name of Person	
			Byker & Associates, Inc.		
				Firm/Company	
			2905 Wilson Ave., Suite 2	00	
				Address	
			Grandville, MI 49418		
				City/State and Zip Code	
			paige@byker.com		
			E-mail address: (to be used for future annual report noti	fication)
For	further ir	nformation co	oncerning this matter, please ca	all:	
Paig	ge Timm			at ()	e Telephone Number
		Name of	Person	Area Code Daytim	e Telephone Number
Encl	osed iş a	a check for th	e following amount:		
= :	\$25.00 F	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daystar Financing, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on April 24, 200	7 and assigned
Florida document number L07000043924	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	cipal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:		明皇王
(Mailing address MAY BE A POST OFFICE BOX)		
		200
		T
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ddress
		, 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 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>	<u>Address</u>	Type of Action
MGR	Patrick Hundley	PO BOX 158	
		Grandville, MI 49468	■ Remove
			☐ Change
MGR	Ian Phair	PO BOX 158	Add
		Grandville, MI 49468	■ Remove
			Change
	 	·-	Add
			Remove
			Remove Remove
			☐ Change
			□ Remove
			☐ Change
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E. Effe	ective date, if other than the date of filing:	(optional)
(lfan No	n effective date is listed, the date must be specific and cannot be prior to date of filing or mor te: If the date inserted in this block does not meet the applicable statutory filing	e than 90 days after filing.) Pursuant to 605.9 requirements, this date will not be lister
doc	cument's effective date on the Department of State's records.	
If the	record specifies a delayed effective date, but not an effective tir	ne, at 12:01 a.m. on the earlie
(b) T	The 90th day after the record is filed.	,
Dat	December 30 2015	
Dal		
	auto La	
	Signature of a member or authorized representative o	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00