Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773

Fax Number : (815)301-2897

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: in fo @ day oris. com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAYORIS LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DAYORIS LLC | | |
|--|--|--------------------------|
| (Name of the Limited Liability (A Florida L | Company as it now appears on our records.) imited Liability Company) | |
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L07000049461</u> | npany were filed on <u>05/09/2007</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | d 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 ADDRE | <u> </u> | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered o | ffice address on our records, enter the nat | ne of the new registered |
| agent and/or the new registered office address here: | | 201 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | 70 = |
| | | 85 S |
| | , 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name | <u>Address</u> | Type of Action |
|-------------|-----------------|----------------------|----------------|
| MGR | BENITAH, DAN V | 2114 SW 60th Terrace | \ DAdd |
| | | Mitamar. FL 33023 | □Remove |
| | | | ■ Change |
| AR | KUCINE, MELISSA | 2114 SW 60th Terrace | |
| | | Miramar, FL 33023 | |
| | | | ■ Change |
| MGR | KUCINE, SCOTT | 2114 SW 60th Terrace | □Add |
| | | Miramar, FL 33023 | □Remove |
| | | | ☐ Change |
| | | | DbA□ |
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| Effective date | if other than th | e date of filling | g: | a data of Oline or n | (opt) | onal) r filing.) Pursuani io 605.0. |
| Note: If the da | te inserted in this because date on the I | slock does not n | neel the applica | ble statutory filir | ng requirements, th | s date will not be listed |
| e record specific | s a delayed effecti | ve date, but not | an effective tin | ъс, at 12:01 a.m. | on the earlier of: () | n). The 90th day after t |
| rd is filed. | | | | | | |
| Dated | | | 2020 | | | |
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Typed or printed name of signee