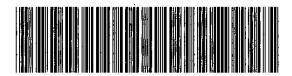
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A. LUNT
JAN 20 2010

Office Use Only

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations				
SUBJECT:	New Day Interprice	Professional Services,	LLC		
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		CDoris Rodriguez		20	
		Name of Person		F8 F	
	Doris Bonne	et Inc Tax & Accounting Se	ervices	2010 JAN 19 SECRETAN TALLAHASS	
		Firm/Company		SER 9	_
	16	550 Sand Lake Rd 205		TO R	_
		Address		# 3: 41 F STATE , FLORIDA	-
		Orlando, Fl 32809		P =	
		City/State and Zip Code			
•	do	oris@dorisbonnet.com			
	E-mail address: (to be used for future annual report not	fication)		
For further information	concerning this matter, please of	call:			
CD	oris Rodriguez	at (_407_)	228-6630		
Name	of Person	Area Code & Daytir	ne Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	e of Status &	
Regis Divisi	LING ADDRESS: tration Section ion of Corporations	Registration Secti Division of Corpo			
	30x 6327 nassee, FL 32314	Clifton Building 2661 Executive C	lenter Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Day Interpric	e Professional Ser	vices, LLC	
(Name of the Limited Liability (A Florida	Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability C	Company were filed on	01-01-2008	and assigned
Florida document number L07000122006			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	
<u>.</u>	terprises : Services, Ll		
The new name must be distinguishable and end with the world.L.C."	ords "Limited Liability Comp	any," the designation "L	2016 2016
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	- <u>- 4</u>	A 72 7
		The state of the s	े इ मि
Enter new mailing address, if applicable:		ะเดลเติน	D STATE
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street add	2000
	E)		r caa
	City	Florida	Zip Code
	~		r -

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

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