108000068112

· (Re	questor's Name)	
(Ad	dress)	
	dress)	
(/\u	uicss,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only

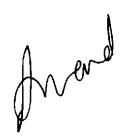


900320495549

11/09/18--01013--009 **25.00

S TAL:

8 18 H 6- AON 8



COVER LETTER

Division of Co			
SUBJECT:	Day se agra Wi	an LLC	
	Name of Lim	ited Jability 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:	
	<u>Ki</u>	Name of Person	
	K	Ms Gate	
	888 Kingr	Man PD Address	
	Homeste	City/State and Zip Code	· ·
	H-mail address	NEWS gate unit be used for future and marteport north	eathon)
For further information of	oncerning this matter, please co	nH.	
Kim 6	len	at (ZDS) 230 -	- 00 6 0
Name o	of Person	Area Code Daytime	Telephone Number
linclosed is a check for t	he following amount:		
\$25 00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

* Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1622 Se		AY LL					
(<u>N</u> ame o <u>f the Limited Liabil</u> (A Florid	lity Company as it o la Limited Liability ((ompany)	n <u>our reçords.</u>)				
The Articles of Organization for this Limited Liability C Florida document number <u>LD8 000o4811</u>		led on	07/15/7	2008	and ass	signed	
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lin	nited liability cor	npany here:	:				
The new name must be distinguishable and contain the words "Lin	nited Liability Comp	pany," the desig	mation "LLC" or	the abbrev	iation "L	ľ. (_
Enter new principal offices address, if applicable:							_
(Principal office address MUST BE A STREET ADD.	<u>RESS)</u>			2. 3.	∞: ==		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					88:3 Hd 6- A		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		ldress on o	ur records, <u>e</u>	nter the	name	of the	new
Name of New Registered Agent:							_
New Registered Office Address:		Enter Florida	street address				_
<u></u>			Horic				_
	Citi			7	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 tiled to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

11 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

Title	Name	Address	Type of Action
MGR	Bonnie Van Fleet	145 Blue Heron Dr.	I Add
		145 Blue Heron Dr. Eatonton, GA 31024	□ Remove
			Change
			Remove
			☐ Change
			D Add
			□ Remove
			☐ Change
			🗆 Add
			□ Remove
			☐ Change
			🗖 Add
			□ Remove
			□ Change
			O Add
			□ Remove
			🗆 Change

,_	
_	
-	
-	
-	
-	
-	
-	
-	
-	
-	
_	
-	
-	
-	
-	
Note:	ive date, if other than the date of filing: (optional) (converged 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 605,0207 (3. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	MOV 6 2018 Significant of a hyperbody or authorized representative of a member
	Jerry Joseph Typedy printed name of signee

Page 3 of 3

Filing Fee: \$25.00