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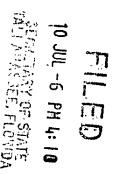
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D. BRUCE

JUL 07 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Daylen Arnold's Challenge, LLC Name of Limited Liability Company
E TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robin Arnold Name of Person
Jaylen Arnold's Challenge, LLC
P.D. BOX 93653 Address
Lakeland, FL 33804
Jaylens Challenge @ aol. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robin Arnold at 863, 860-7724 Area Code & Daytime Telephone Number; 7 3 17
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status & Certificate of Stat
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

Jaylen Arnolds Name of the Limited	Challen Liability Company Florida Limited Lia	ge LLC gs it now appear bility Company)	s on our records.)	_
The Articles of Organization for this Limited Lia Florida document number LO9 0000 6		vere filed on	0 25 2009 and	l assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company her	<u>e</u> : .	
-				• •
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Compa	ny," the designation "LLC" or the second of	_
Enter new principal offices address, if applica	ble:	2592	Iris Ann Dre	#e
(Principal office address MUST BE A STREET		Lakelo	2nd, FL 3381Q	1000
Enter new mailing address, if applicable:		P.O. B	0x 936533 5	CARD INDEA
(Mailing address MAY BE A POST OFFICE BOX)		Lakeland, FL 33809		
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:		Iris Anı	our records, enter the nam	ie of the new
	Lakela	nd	, Florida 338	10
		City	Zip C	lode .

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Address **Type of Action** Title Name Taylen M. Arnold Remove Arnold Orporate Ave. #124 Remove ☐ Add -Remove M. Arnold Robin Arnold \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Page 2 of 2

Filing Fee: \$25.00