

L10000132161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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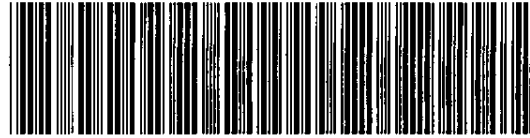
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W. Cullen OCT 18 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MYDAILYDILLIO, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRAVIS ZIELASKO

Name of Person

MYDAILYDILLIO, LLC

Firm/Company

7081 LOCKWOOD RD.

Address

LAKE WORTH, FL 33467

City/State and Zip Code

tz@mydailydillio.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRAVIS ZIELASKO

Name of Person

at ( 910 )

547-0162

Area Code & Daytime 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 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

FILED

11 OCT 17 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MYDAILYDILLIO, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 29, 2010 and assigned  
Florida document number L10000132161.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7081 LOCKWOOD RD.

LAKE WORTH, FL 33467

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ALCHEMY FINANCIAL SOLUTIONS, LLC

New Registered Office Address:

5561 LAKE SHORE VILLAGE CIRCLE

*Enter Florida street address*

LAKE WORTH

*City*

Florida

33463

*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 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:

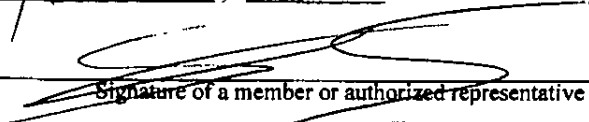
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TRAVIS ZIELASKO	7081 LOCKWOOD RD LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SCOTT J ERDMANN	3134 NORTH OASIS DRIVE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 10/4/11



Signature of a member or authorized representative of a member

SCOTT J ERDMANN

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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