

L11000047221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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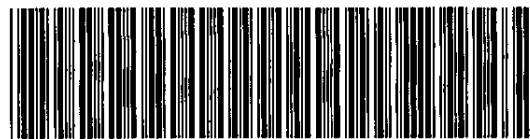
(Business Entity Name)

(Document Number)

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2014 FEB 24 P 12:14

SECRETARY OF STATE
CORPORATE SERVICES DIVISION

B. BOSTICK

FEB 25 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAYGLO 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:

MARSHDA ROBINSON
Name of Person

DAYGLO LLC
Firm/Company

10023 BEACH BLVD Suite 2
Address

JACKSONVILLE, FL 32246
City/State and Zip Code

MARSHDA@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHDA ROBINSON at (904) 412-4520
Name of Person 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

FILED
2014 FEB 24 P 12:45
CLERK OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DAYGLO 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 04/20/2011 and assigned
Florida document number L11000047221.

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)

10023 BEACH BLVD Suite 2
JACKSONVILLE, FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10023 BEACH BLVD Suite 2
JACKSONVILLE, FL 32246

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:

MARSIDA ROBINSON

New Registered Office Address:

10023 BEACH BLVD Suite 2

Enter Florida street address

JACKSONVILLE, Florida 32246

City

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	EVAN RAZZA	704 OAKS PLANTATION	<input type="checkbox"/> Add
		JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Remove
MGRM	MARSHIA ROBINSON	10023 BEACH BLVD	<input checked="" type="checkbox"/> Add
		Suite 2	<input type="checkbox"/> Remove
		JACKSONVILLE FL 32246	
MGRM	LUCEANA RAZZA	10023 BEACH BLVD	<input checked="" type="checkbox"/> Add
		Suite 2	<input type="checkbox"/> Remove
		JACKSONVILLE FL 32246	
			<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


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FEB 24 2011
JACKSONVILLE
FL 32246

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02 / 20 / 2014



Signature of a member or authorized representative of a member
MARSIDA ROBINSON

Typed or printed name of signee

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2014 FEB 24 P 12:45
RECEIVED
FLORIDA DEPARTMENT OF STATE