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I ALL COMMENT

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT:	DAZEE ILC.		
	DAZEE UC Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	JoEC	Comerford Name of Person	
	ioel yr	CONENTORD, P.A.	
	360 Cam	uno Garbers Bli	UD, #303
	BOCA RAT	ON FC 33432 City/State and Zip Code	<del></del>
	JOEL & Co E-mail address: (	in extend Law net	fication)
For further information	concerning this matter, please c	all:	
JOEL C	OMENFORD	at ( <u>5%)</u> 368 - 6 Area Code Daytim	<b>&gt;5</b> 00
Name	of Person	Area Code Daytim	e Telephone Number
	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 Addr Registration		<u>Street Address:</u> Registration Sec	ction

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

ARTICLES OF ORGANIZATION OF  DAZEE LLC  (Name of the Limited Liability Company as it now appears on our records.) (A point of the Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on		TC	)		<del></del>
Florida document number	ARTI	CLES OF O	RGANIZATI	ON	E.
Florida document number		O	F		
Florida document number					
Florida document number	NOGEF 11	0			d.
Florida document number	(Name of the Limite	ed Liability Compar	iy as it now appears o	n our records.)	
Florida document number		A Florida Limited L	iability Company)		~
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)  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:  New Registered Office Address:  360 Camino Company Blud, #303  Enter Florida street address  Enter Florida street address					and assigned
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Enter new mailing address, if applicable:    JOEL COMENFOLD, P.A.	The new name must be distinguishable and contain the wo	ords Thinned Liabili	ty Company, the desig	gnation LLC orthea	obreviation (L.L.C.
Enter new mailing address, if applicable:    JOEL COMENFORD, P.A.	Enter new principal offices address, if applica	ıble:	<u>4282</u>	NW 64	Lane
Enter new mailing address, if applicable:    JOEL COMENFORD, P.A.	(Principal office address MUST BE A STREE)	T ADDRESS)	SOCA P	LATOH, FL	33496
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New Registered Office Address: 360 Camino Gono en Blub, #303  Enter Florida street address	agent and/or the new registered office addres.	<u>s nere</u> :			
New Registered Office Address: 360 Camino Gono en Blub, #303  Enter Florida street address		. 14.			
New Registered Office Address: 360 Camino Gono en Blub, #303  Enter Florida street address	Name of New Registered Agent:	<u>Joec" C</u>	comentors,	<u> 2.A.                                   </u>	·-·
	New Registered Office Address:	360 Car	nina (+mana	INC RIVE #	363
	New Registered Office Address:	المحر رهوا	Enter Florida	street address	
BOCA KATOM Florida 33432					
17to Zin Cada		BOCA KA	·F ON	, Florida	7 in 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Amor	Ellan L. Jaffy	4282 NW 64 LARE BOCA RATON, FC 33496	Œ∕\du
			□Remove
			□Change
AMBR	FOWARD JAFFY	6517 NW 39 th Temace BOXA RATOH; FL 33496	□Add
			ERemove
			□Change
			🗀 Add
			□Remove
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			Remove
			Change

lf amend	ling any other information, enter change(s) here: (Auach additional sheets, if necessary.)
-	
lf an effecti <u>Note:</u>   f	date, if other than the date of filing:
e record s rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Tuly 31 2020
	Signature of a member or authorized representative of a member
	Eller G. Jaffy
	Typed or printed name of signee

Filing Fee: \$25.00