Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ç:..

Account Name : TAVISTOCK DEVELOPMENT

Account Number : I20170000084

Phone : (407)909-9957 Fax Number : (407)909-9957

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## DAIS HOLDINGS, LLC

Certificate of Status	0
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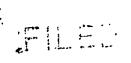
j'	,	COVER LETTER		
TO: Registration Se Division of Cur	ection porations &	.A. 2		
DAIS Hold				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michelle Dadisman			
		Name of Person	<del></del>	
	Tavistock Financial, LLC			
		Firm/Company		
	9350 Conroy Windermere	Road		
		Address		
	Windermere, FL 34786			
		City/State and Zip Code		
	michelle.dadisman@tavisto	to be used for future annual report	notification)	
For further information of	concerning this matter, please of		,	
Michelle Dadisman		407 909-995 at ()		
Name o	of Person	Area Code Da	ytime Telephone Number	
Enclosed 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of \$ta Certified Copy (additional copy is en	tus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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



DAIS Holdings, LLC

(Name of the Limited Limbility Company as it now appears on our records.)

(A Florida Limbility Company)

#### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_\_\_, Florida \_

4/5

02:17:38 p.m.

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

<u>Title</u>	Name	Address	Type of Action
VP, T	Jeffrey S. Smith	6900 Tavistock Lakes Blvd.	□ Add
		Suite 200	
		Orlande, F1. 32827	
VP, T	Benjamin A. Weaver	6900 Tavivstock Lakes Blvd.	
<del></del>		Suite 200	
		Orlando, FL 32827	□ Remove
			☐ Change
			Remove
			☐ Change
•			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
	•		□ Remove
			□ Change

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:  (If an effective 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 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated November to 2019.
10000
Signature of a member or authorized representative of a member
Michelle R. Rencoret, Vice President & Secretary
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00