

L12000009697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

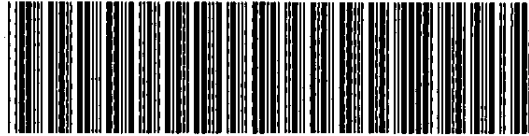
(Business Entity Name)

(Document Number)

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12 OCT 29 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 30 2012

October 19, 2012

To Whom It May Concern:

Please find enclosed the amendment application for New Days Treasures, llc. I can be contacted via telephone at 850-226-6779 or via email at accounting@newdaystreasures.com to address any questions.

Thank you for your time.

A handwritten signature in black ink, reading "Sherry J. Lewis". The signature is written in a cursive, flowing style.

Sherry J. Lewis
New Days Treasures, llc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Days Treasures, 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:

Sherry Lewis

Name of Person

New Days Treasures, llc

Firm/Company

632 Beal Parkway NW

Address

Fort Walton Beach, Florida 32548

City/State and Zip Code

accounting@newdaystreasures.com

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

For further information concerning this matter, please call:

Sherry Lewis

Name of Person

at (850)

226-6779

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**

New Days Treasures, llc

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 20, 2012 and assigned
Florida document number L12000009697

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)

New Days Treasures, llc

632 Beal Parkway NW

Fort Walton Beach, Florida 32548

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

New Days Treasures, llc

632 Beal Parkway NW

Fort Walton Beach, Florida 32548

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:

Sherry Lewis

New Registered Office Address:

632 Beal Parkway NW

Enter Florida street address

Fort Walton Beach

City

Florida

32548

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.

Sherry J. Lewis
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	Brian Lewis	500 Division Street Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Sherry Lewis	500 Division Street Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sherry Lewis	500 Division Street Fort Walton Beach, FL 32547	<input checked="" 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.)

FILED
12 OCT 29 PM 12:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated October 19, 2012

Sherry J. Lewis
Signature of a member or authorized representative of a member
Sherry J. Lewis
Typed or printed name of signee