## L130000 45312

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## **COVER LETTER**

Div	ision of Corp	orations			5
SUBJECT:		NY OLD DAY LLC			Ç
oobate.		Name of Limit	ed Liability Company		
The enclosed	l Articles of A	amendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		DARREN PARK			
			Name of Person		
		NOT JUST ANY OLD DA	Y		
			Firm/Company		<del></del>
		4521 SE 35TH PL			
			Address		
		OCALA FL 34480			
			City/State and Zip Code		
		notjustanyolddaytoo@gmail.			
		E-mail address: (to	be used for future annual re	eport notification)	
For further in	nformation co	ncerning this matter, please cal	11:		
DARREN P	ARK		818 621- at ()	-8682	
	Name of	Person	Area Code	Daytime Telepho	ine Number
Enclosed is a	a check for the	e following amount:			
□ \$25.00 F	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

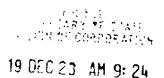
TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NOT JUST ANY OLD DAY LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.13000045312	were filed on 11/15/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4521 SE 35TH PL	
(Principal office address MUST BE A STREET ADDRESS)	OCALA FL 34480	
Enter new mailing address, if applicable:	4521 SE 35TH PL	
(Mailing address MAY BE A POST OFFICE BOX)	OCALA FL 34480	
B. If amending the registered agent and/or registered office a	address on our records, <u>entc</u>	r the name of the new regi
agent and/or the new registered office address here:		
agent and/or the new registered office address here:  Name of New Registered Agent:		
·	Enter Floridu street addr	(285
Name of New Registered Agent:		
Name of New Registered Agent:		ess Florida Zip Code

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

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
AMBR	DARREN PARK	4521 SE35TH PL	
		OCALA FL 34480	□Remove
			Change
MGR	DANIELLE PARK	4521 SE35TH PL	<b>=</b> Add
		OCALA FL 34480	□Remove
		-	□Change
AMBR —	DANIELLE PARK	4521 SE35TH PL	□Add
		OCALA FL 34480	■Remove
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Add
			□Remove
			□Change

· · · · · · · · · · · · · · · · · · ·	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	n Park this is my couping
Iam new	tothis process crudition
Knew wh	•
So when I i	went to open Bank acct Fwas
bld my wi	if is MBR I wed to set up
and chan	ig into. Thank you for your
1	is watte
	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ock does not meet the applicable statutory filing requirements, this date will not be listed a
he record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated December 20th	2019
S	Signature of a member or authorized representative of a member
DARREN PARK	V
	Typed or printed name of signee

Filing Fee: \$25.00