# 1130000 93952

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#### **COVER LETTER**

Division of Cor	porations	• i	
DAYLANI SUBJECT:	OO. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing,	
Please return all correspo	ndence concerning this matter	to the following:	
	Danny Gayne		
		Name of Person	
		Firm/Company	
	1700 Mason Avenue		
		Address	<del>-</del>
	Daytona Beach, FL 32117		
	danny.gayne@dannyswreck	City/State and Zip Code ser.com	
	E-mail address; (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Danny Gayne		386 258-7806 at () Area Code Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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:

TO:

**Registration Section** 

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

DAYLANDO, LLC and assigned (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 July 1, 2013 Florida document number L13000093952 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." 1700 Mason Avenue Enter new principal offices address, if applicable: Daytona Beach, FL 32117 (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: Danny Gavne Name of New Registered Agent: 1700 Mason Avenue New Registered Office Address: Enter Florida street address

#### 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.

City

Davtona Beach

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_, Florida 32117 Zip Code 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>	<u>Address</u>	Type of Action
MGRM	Samantha Gayne	555 S. Ridgewood Avenue	_ <b>⊟</b> ∧dd
	· <del></del>	Ormond Beach, FL 32174	= Add
			Remove
			☐ Change
MGRM	Kimberly Hays	557 S. Ridgewood Avenue	<b>≘</b> Add
		Ormond Beach, FL 32174	
			Remove
			Change
			□ Add
		<del></del>	□ Remove
			□ Change
			☐ Remove
			A Kemove
			Change
			Add
			☐ Remove
			Change
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			☐ Remove
			Change

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(If an effec Note: 11	edate, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated _	December 21. 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00