

L14 00000 4409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

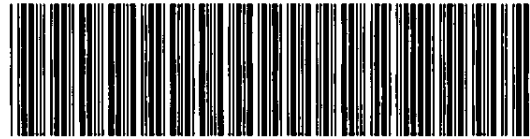
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN 21 2014 09:35
TELETYPE UNIT
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

J. Shivers JAN 23 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIDAY, 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:

Diane Nobile

Name of Person

Nobile Law Firm

Firm/Company

777 Brickell Ave, Suite 1114

Address

Miami, FL 33131

City/State and Zip Code

diane@dnobilelaw.com

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

For further information concerning this matter, please call:

Diane Nobile

Name of Person

at (305)

Area Code

577-8911

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SIDAY, LLC

(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 1/9/14 and assigned
Florida document number L14000004409

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)

Nobile Law Firm, PA
777 Brickell Ave, Suite 1114
Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Nobile Law Firm, PA
777 Brickell Ave, Suite 1114
Miami, FL 33131

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:

Nobile Law

New Registered Office Address:

777 Brickell Ave, Suite 1114

Enter Florida street address

Miami

City

Florida

33131

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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

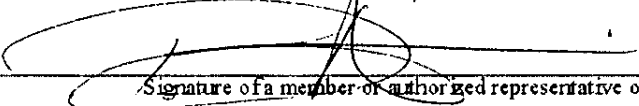
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Diane Nobile	777 Brickell Ave	<input checked="" type="checkbox"/> Add
		Suite 1114	<input type="checkbox"/> Remove
		Miami, FL 33131	
MGR	Belen, Gaston	6303 Blue Lagoon Drive	<input type="checkbox"/> Add
		Suite 400	<input checked="" type="checkbox"/> Remove
		Miami, FL 33126	
			<input 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.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1. 17, 2014.



Signature of a member or authorized representative of a member

DIANE Nobile ESQ

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

12 JAN 21 PM 10:35
TALLAHASSEE, FLORIDA