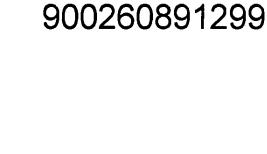
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COVER LETTER

	tration Section of Corp				
SUBJECT:	The	e Daily O'Grir	nd LLC		
SUBJECT: _			ited Liability Company		_
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.	•	
Please return a	ll correspond	dence concerning this matter	to the following:		
		Timothy R. N			
			Name of Person		
		The Daily O'			
		,	Firm/Company		
		12364 W Re	stview Ct		
			Address		
		Homosassa	FL 34448		
		ppricecp@tampa			_
			o be used for future annual	report notification)	
		cerning this matter, please ca			
Tim Ne	ee		_{at (} 352 ₎ 3	02-2069 Daytime Telephone Num	
	Name of P	erson	Area Code	Daytime Telephone Num	ber
Enclosed is a c	heck for the	following amount:			
• \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifictorsed) Certifictorsed) Certifictorsed	Filing Fee, icate of Status & ied Copy and 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

The Daily O'Grind 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 April 18, 2014 and assigned Florida document number L14000065470-	
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)	
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 registered.	<u>ev</u>
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
City Ti 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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	he

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = MS $AMBR = AS$	anager uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Actio
AMBR	Pamela Bolin	110 S Rock Crusher Rd
		Crystal River, FL 34429
AMBR	Michael J Dias	9821 W Orchard St
		Crystal River, FL 34433 ■ Remove
		
		Remove
		Add
		ACD Remove
		O Add TO A CONTROL
		
		Remove

amending any other information, enter change(s) here: (Attac	h additional sheets, if necessary
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date are e date this document is filed by the Florida Department of State)	(optional) ad cannot be more than 90 days after
_{ed} June 3 2014	
Awin	
Signature of a member or authorized repr	esentative of a member
Timothy R. Nee	
Tillouly IX. Nee	

Page 3 of 3

Filing Fee: \$25.00

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