LIH000148760

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
. Special Instructions to Filing Officer:
No. de
,

Office Use Only



100299049001

05/10/17--01033--001 **1075.00

MAY 11 2017 S. YOUNG

SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

	stration Sect sion of Corpo				
SUBJECT:	DAYS BETV	VEEN, LLC		·	
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return a	all correspond	dence concerning this matter	to the following:		
		Michael J. Faehner, Esq.			
			Name of Person		
		M. Faehner, Esq., LLC			
			Firm/Company		
		600 Bypass Drive, Suite 10	00		
			Address		A FEE
		Clearwater, FL 33764			T HAY 10 PM 3: 5
			City/State and Zip Code		5835
		filings@mfaehner.com			- F. C. C.
			to be used for future annual report notific	cation)	2 F. 67
For further inf	ormation cor	cerning this matter, please ca	all:		:5 BE
Michael Faeh	ner		727 443-5190 at ()		<u>, </u>
	Name of F	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	

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

DAYS BETWEEN, LLC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co Florida document number <u>L14000148760</u>	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	ASS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RETARY OF STATE
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street address	
	, Flor	
	City	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 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
MGR	Candyman Management, LLC	468 4TH AVENUE SOUTH	Add
		ST PETERSBURG, FL 33701	□ Remove
	·		☐ Change
MGR	REPKO, ROBERT	468 4TH AVENUE SOUTH	□ Add
		ST PETERSBURG, FL 33701	■ Remove
			□ Change
			ALLAHAM ALLAHAM
			□ Remove (0 = 1
			Change O
		· · · · · · · · · · · · · · · · · · ·	□ Add
		,	☐ Remove
		,, , , , , , , , , , , , , , , , , , ,	Change
			Add
			□ Remove
			Change
 			Add
			□ Remove
			□ Ċhange

<u> </u>		
	<u> </u>	
-		
		3
		0
		PA A
		့်
		ď
tive date, if other than	he date of filing:	
ffective date is listed, the date	nust be specific and cannot be prior to date of filing o	or more than 90 days after filing.) Pursuant to 605.
in the date inserted in the ment's effective date on the	block does not meet the applicable statutory fits Department of State's records.	lling requirements, this date will not be listed
	·	
ecord specifies a dela	ved effective date, but not an effectiv	e time, at 12:01 a.m. on the earlie
e 90th day after the i		
	2015	
I May 9	, 2017	
Al.	1 de 0	_
	JO00 7	`

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee