

L14000151200

(Requestor's Name)

(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:

Office Use Only



000295946940

03/01/17--01014--027 **30.00

FILED
17 MAR - 1 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 3 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

DAILY CREATIVE, 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:

EYLIN RAMOS

Name of Person

DAILY CREATIVE, LLC

Firm/Company

509 S. CHICKSAW TRL #215

Address

ORLANDO, FL 32825

City/State and Zip Code

ANGEL@DAILYCREATIVE.CO.COM

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

For further information concerning this matter, please call:

ANGEL RAMOS

Name of Person

at (407) 919-8697

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

FILED
17 MAR - 1 AM 7:34
TALLAHASSEE, FL
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DAILY CREATIVE 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 9/26/14 and assigned Florida document number L14000151200.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

124 RIDGEWOOD DR.

LOUGWOOD, FL 32779

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

124 RIDGEWOOD DR.

LOUGWOOD, FL 32779

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:

ANGEL RAMOS

New Registered Office Address:

124 RIDGEWOOD DR

Enter Florida street address

LOUGWOOD

City

Florida

32779

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

17
SECRET
STATE
TALLAHASSEE, FLORIDA
AM 7:34
LED

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>	<u>Type of Action</u>
MGR	ANGEL RAMOS	124 RIDGEWOOD DR	<input checked="" type="checkbox"/> Add ANGEL
		LONGWOOD, FL 32779	<input type="checkbox"/> Remove
		124 RIDGEWOOD DR.	<input checked="" type="checkbox"/> Change EYLIN
AMBR	EYLIN RAMOS	LONGWOOD, FL 32779	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 MAR 1 11 36 AM
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 2/27, 2017.

ANGEL RAMOS

Typed or printed name of signee

FILED
MAR - 1 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA