LISOCOCOOTSI

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2016 DEC 12 P 4: 46
SECHETARY OF STATE.

D. BRUCE DEC 13 2016



December 7, 2016

ALINE DARMOUNI 44 W FLAGLER ST STE 2300 MIAMI, FL 33130

SUBJECT: DAYSTAY LLC Ref. Number: L15000000751

We have received your document for DAYSTAY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

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Deborah Bruce Regulatory Specialist II Letter Number: 816A0002603RY OF STAT

COVER LETTER

TO: Registration S Division of Co				
Day Stay	LLC			
Sobane i.	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Name of Person		
	ATRIUM CPA			
		Firm/Company		₹
	44 W FLAGLER ST SUIT	E 2300		2016 SEC
		Address		AHA VEST/ DEC
	MIAMI, FL 33130			2016 DEC 12 P 4: 46 SECRETARY OF STATE ALLAHASSEE.FLORIDA
		City/State and Zip Code		שלים ליים
	ad@atriumcpa.com E-mail address: (1	to be used for future annual report notifi	ication)	D I IL
For further information	concerning this matter, please or	·) or
Name	of Person	at ()	Telephone Number	
Enclosed is a check for	the following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	LING ADDRESS:	STREET/COURIE		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Day Stay LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	• •	107/2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDE	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX) B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our re ress here:	2016 DEC 12 P the SECRETARY OF SMATE FALLAMASSEE, FLORIDA ecords, enter the RIDA
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	, Florida Zip Code
	C III	Zip Conc

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

TI IND

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>	Name	Address	Type of Action
MGR	LEBEC, DAVID	44 W FLAGLER	
		ST SUITE 2300	⊞ Remove
		MIAMI FL 33130	☐ Change
MGR	LEBEE, DAVID	44 W FLAGLER	■ Add
		ST SUITE 2300	☐ Remove
		MIAMI FL 33130	
			□ Add
			□ Remove
		Change ALSEC LC	
		<u> </u>	
			EC 12ve P 46 ASSET, FLORIDA
		- Change	
		Add	
		☐ Remove	
		Change	
		☐ Remove	
			☐ Change

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	2016 ID
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E. Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	er filing.) Pursuant to 605.0207 (3)(b) is date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the earlier of:
Dated Decombon 17th. 2016.	
Signature of a member or authorized representative of a member	
ALINE DARMOUNI	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00