L50008860a

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,
		1

Office Use Only



500274265555

06/22/15--01051--025 **25.00

15 JUN 22 AN IO 47 SECRETARY OF STATE

JUN 2 3 2015

S. YOUNG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DA'IL INTERIORS LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on ou Liability Company)	ır record <u>s.</u>)		
The Articles of Organization for this Limited I Florida document number L15000088602	Liability Company	were filed on $\frac{5/19/201}{}$	5	_ and assigne	ed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name (</u>	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "limited Linki	lity Commony " the designet	ion "I I C" or the obbre	wisting 91 L C	,,
Enter new principal offices address, if appli	3414 HERITAGE LA		viation L.L.C.	ı	
Principal office address MUST BE A STRE		NORTH FORT MYE	RS, FL 33917		
Enter new mailing address, if applicable:		3414 HERITAGE LA			
Mailing address MAY BE A POST OFFICE BOX)		NORT FORT MYERS	S, FL 33917	ing week	
3. If amending the registered agent and registered agent and/or the new registered of			records, enter th	20 Z	the n
Name of New Registered Agent:	SCOTT A. JAC	CKSON	: :		0
New Registered Office Address:	3414 HERITA	GE LAKES BLVD		語 五	
		Enter Florida stre			
	NORTH FORT		, Florida _ ³³⁹¹ ′	7	
		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	SPOSEN HOLDINGS LLC		-
		2311 SANTA BARBARA BLVD #111	Add
		CAPE CORAL, FL 33991	Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change 7
			Add M
			☐ Change
			ominge
			Remove
			□ Change
			□ Remove
			Change

	<u> </u>	<u> </u>			
		 ""	· -		
					
		<u> </u>			
			· · · · · · · · · · · · · · · · · · ·		
		<u> </u>			
		- -			
					
			· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		
					إساسه
				がいる。	
				7707	ED
	· ·			1 5	
	<u> </u>			200	
Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be price does not meet the appli	or to date of filing or more cable statutory filing r	(optional than 90 days after filin equirements, this dat	g.) Pursuant to 605.0	207 (3 as th
the record specifies a delayed ef) The 90th day after the record	fective date, but n is filed.	ot an effective tim	ne, at 12:01 a.m.	. on the earlier	of:
Dated JUNE 17	2015	·			
	nature of a member or aut				
		havirad rangagantating a C	a mambar		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee

COVER LETTER

	gistration Se vision of Cor				
SUDJECT.		ERIORS LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		SCOTT A. JACKSON			
			Name of Person		
		DA'IL INTERIORS LLC			
					
		2311 SANTA BARBARA	BLVD, SUITE 111		
		<u> </u>	Address		三 3
		CAPE CORAL, FL 33991			国量工
			City/State and Zip Code		ELEU ELEV ELEV ELEV ELEV ELEV ELEV ELEV
		ACCOUNTING@DAILIN	TERIORS.COM to be used for future annual report notif	ication)	
For further i	nformation c	oncerning this matter, please c	•	leationy	
DANIEL D	OANE		239 244-8672		***************************************
	Name o	f Person		Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00 1	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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