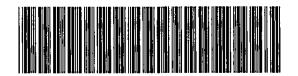
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SIGNATURE STORY OF THE STORY OF

NOV 20 2015 J. HARRIS

COVER LETTER

011D 1D 0M	Dei-De Everyday Adventures, I	LLC				
Name of Limited Liability Company						
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.				
Please return all corresp	pondence concerning this matter	to the following:				
	Alycia L Morrison					
		Name of Person				
	Dei-De Everyday Adventu	res, LLC				
		Firm/Company				
	P O Box 6462					
		Address				
	Lakeland, FL 33807					
		City/State and Zip Code	 			
	E-mail address: (to be used for future annual report notif	ication)			
For further information	concerning this matter, please ca	all:				
Alycia L. Morrison		863 709-7288				
Name	of Person	at () 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 enclose			

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

	ay Adventures, LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L15000100813	Company were filed on June 9, 201	5 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	22
	syeMe /	
		10 2 mm
Enter new mailing address, if applicable:		88 - 8
(Mailing address MAY BE A POST OFFICE BOX)		
IMMUNIC MUNICIPALITY DE A FOST OFFICE BOX		Market Control of the
		<u> </u>
B. If amending the registered agent and/or reg	istered office address on our r	> ~
registered agent and/or the new registered office ad		enter the hame of the no-
Name of New Registered Agent:		
New Registered Office Address:		
Trew Registered Office Fredress.	Enter Florida street	address
		, Florida
	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

Title.	<u>Name</u>	Address	Type of Action
MGR	Audrey Morrison	612 Limber Lane, Lakeland, FL 33 810	
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet	the applicable statut	ing or more than 90 da ory filing requiremen	(optional) ays after filing.) Pursu nts, this date will no	ant to 605.0207 of be listed as
		e, but not an effe	ctive time, at 12	2:01 a.m. on th	e earlier of
	ecora is mea.				
The 90th day after the re		2015			
The 90th day after the re	Mennya	· · · · · · · · · · · · · · · · · · ·	contraine of a mambas	 	27 88
The 90th day after the report of the 12 Dated November 12	Mennya	015 Der or authorized repre	sentative of a member	——————————————————————————————————————	2935 N
The 90th day after the re	Signature of a mem	DA lber or authorized repre	_	IALLAHA AHA	NO I
The 90th day after the re	Signature of a mem	DA lber or authorized repre	_	JALLAHASSE	
The 90th day after the re	Signature of a mem	DA lber or authorized repre	_	AH A	NGV