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SLUSLIVATION STATE

J. HARRIS

## **COVER LETTER**

TO:	Registration Se Division of Cor		
SUBJ		Capital LLC	
SC <b>D</b> ()		Name of Limited Liability Company	
The en	nclosed Articles of.	. f Amendment and fee(s) are submitted for filing.	
Please	return all correspo	ondence concerning this matter to the following:	
		Sharaun Day	
		Name of Person	
		Firm/Company	
		P.O. Box 6837	
		Address	Status &
		Seffner , Fl 33853	
		City/State and Zip Code newdaycapitals@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For fur	rther information co	concerning this matter, please call:	
Sharai	un Day	813 3897340 at ()	
	Name of	of Person Area Code Daytine Telephone Number	
Enclos	sed is a check for th	he following amount:	
<b>⊠</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Day Capital LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on June 18, 2015	and assigned
Florida document number L15000106512		
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 L	iability 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	<u> </u>	
	<del></del>	<u>#∰</u> <b>♂</b>
		温彦 富
Enter new mailing address, if applicable:		· 23
(Mailing address MAY BE A POST OFFICE BOX)		
		38
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	la
	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	Patrica Lewis Blue	1424 Shorewood Drive Auburndale	
		FI, 33823	
			Change
MGR	Jack Day	P.O. Box 6827 Seffner, Fl 33853	Add
			Remove
	. •		Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
	·		Remove
			Change
			PH Add
	Company		□ Remove
			Change

fective date, if other than the date of filing:	
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te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will cument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	
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The 90th day after the record is filed.	not be liste
	the earlie
red July 10 , 2015 .	
Stephure of a member or authorized representative of a member	<b>15</b>
Sharaun Day	

Filing Fee: \$25.00