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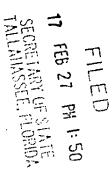
(Requestor's Name)	
(Address)	,
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT I	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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D. SCOTT MAR 1 2017

COVER LETTER

TO: Registration Se Division of Cor			
Our rect.	ALL DAY TO,	LLC	
SUBJECT:		ited Liability Company	,
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	Joseph	4. Stilwel Jr	CPA
	St.	Name of Person Well i Mills, P Firm/Company	LLC
		Hwy 17 North	
		On NL 28411 Cit//State and Zip Code	
		Stilwell Cym. Com to be used for future annual report notifica	
For further information c	oncerning this matter, please ca		•
Henry H	ollings worth	at (910 233 - 17	174
Name o	f Person U	Area Code Daytime T	elephone Number
Enclosed is a check for the	ne following amount:	,	IN SE
□ \$25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 issee, FL 32314	STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons or Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLDAYIO, 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 8076005 and assigned Florida document number L 15000 147 26 5
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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address:
Enter Florida street address
, Florida
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 **Type of Action Address Title** Name 3102 N Columbia St. Add

Benver, Co 80205 Remo Hallings worth Change 2408 Marshall Place Kenneth Tones AMBR ☐ Add Charlotte NC 28203 ☐ Remove Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove □ Change □ Add El-Remove ☐ Change

						
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ote: If t	date, if other than ive date is listed, the date the date inserted in the ''s effective date on the	is block does not	meet the applicab	date of filing or mor le statutory filing	(option to than 90 days after for requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
	d specifies a dela Oth day after the			an effective tir	ne, at 12:01 a.	m, on the earlier o
ted	February	19	, 2017	.•		1 SE
	11 . 11					京岛 西一
	1/1/109	JV		and management in a	Co	~ ~ ~
		/ Nignature of a	i memperaranirani			
		/ Signature of a	n member or authori	zea representative o	i a member	7

Page 3 of 3

Filing Fee: \$25.00