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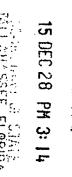
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COVER LETTER

Division of Co	rporations		
SUBJECT:	DAYWOOD	PROPERTIES-II, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ERIC HARWOOD		
	 	Name of Person	
		Firm/Company	
	895 SPRING PARK LOO	P	
		Address	<u></u>
	CELEBRATION, FL 3474	47	
	,	City/State and Zip Code	
	dremh4u@gmait.com		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
ERIC HARWOOD		321 663-2318 at (
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

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

DAYWOOD PROPERT	TES-II, LLC									
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)								
The Articles of Organization for this Limited L. Florida document number L15000150480	iability Company	were filed on 8/31/2015	and assigned							
This amendment is submitted to amend the following	owing:									
A. If amending name, enter the new name o	f the limited liab	oility company here:								
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."							
Enter new principal offices address, if applicable:		895 SPRING PARK LOOP								
(Principal office address MUST BE A STREE		CELEBRATION, FL 34747								
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		895 SPRING PARK LOOP CELEBRATION, FL 34747								
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			5 DEC 28							
New Registered Office Address:	895 SPRING P	PARK LOOP Enter Florida street address								
	CELEBRATIC		474 元 6474 元							
CELEBRATION , Florida 34747 Fin 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:

<u>Title</u>	Authorized Member <u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00