

L16000057392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

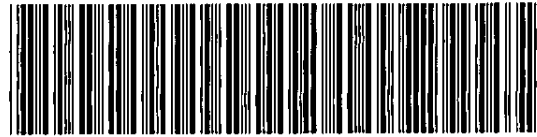
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 MAY -9 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

MAY 11 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 3rd Day Hay LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Wiba  
Name of Person

3rd Day Hay LLC  
Firm/Company

3273 NW 27th Ave  
Address

Ocala FL 34475  
City/State and Zip Code

mary@3rddayhay.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Wiba at ( 352 ) 789-4422  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


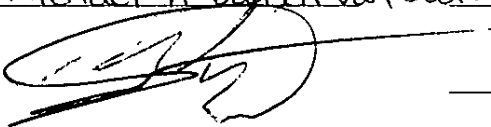
**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### 3rd Day Hay LLC

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nathan F. Yoder 	3738 BIA Road #8	<input type="checkbox"/> Add
		Belcourt North Dakota 58316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael A. Jansen Van Doorn 	3273 NW 27th Ave	<input checked="" type="checkbox"/> Add
		Ocala FL 34475	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D, If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Michael Jansen Van Doorn will be taking over  
Nathan Yoder's 50% ownership

Ownership is as follows 50% Mary Wibe  
50% Michael Jansen Van Doorn

E. Effective date, if other than the date of filing: MAY 1, 2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated May 1, 2017

Mary Wibe

Signature of a member or authorized representative of a member

Mary Wibe

Typed or printed name of signee

NATHAN YODER

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