

L16000114070

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OCT 04 2016

S. YOUNG

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TALLAHASSEE, FLORIDA
16 OCT -3 PM 4:51

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Day Lee Diel, 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:

Kathryn Sarie Day

Name of Person

Day Lee Diel, LLC

Firm/Company

352 Beverly Court

Address

Spring Hill, Florida 34606

City/State and Zip Code

dayleediel@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Sarie Day 281 797-9849
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Day Lee Diel, 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 6/13/2016 and assigned
Florida document number L16000114070

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)

352 Beverly Court
Spring Hill, Florida 34606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

352 Beverly Court
Spring Hill, Florida 34606

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: Kathryn Sarie Day

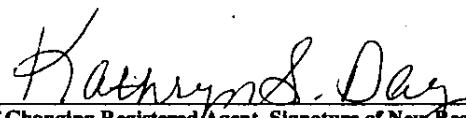
New Registered Office Address: 11131 Thornberry Drive

Enter Florida street address

Spring Hill, Florida 34608
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.


Kathryn S. Day
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kathryn Sarie Day	11131 Thornberry Drive	<input type="checkbox"/> Add
		Spring Hill, FL 34608	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Todd Hart	11131 Thornberry Drive	<input checked="" type="checkbox"/> Add
		Spring Hill, FL 34608	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amy Lee Diel	10109 Landmark Drive	<input type="checkbox"/> Add
		Hudson, FL 34667	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

12091

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E. Effective date, if other than the date of filing: _____ (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 _____, _____

Kathryn S. Day
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Kathryn Sarie Day

Typed or printed name of signee