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COVER LETTER

	on of Cor			
R SUBJECT:		ESTMENTS LLC		
		Name of Lim	ited Liability Company	
The enclosed A	inticles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		ERNEST F MCKEE		
			Name of Person	
		RDAY INVESTMENTS I	LLC	
			Firm/Company	•
		18801 N. DALE MABRY	, SUITE 157	
			Address	······································
		LUTZ, FL 33548		
			City/State and Zip Code	
		EMCKEEFL@MSN.COM		
		E-mail address: (to be used for future annual report notifi-	cation)
For further info	ormation co	oncerning this matter, please ca	ail:	
ERNEST F M	CKEE		813 625-7665	
	Name of	Person	at ()	Telephone Number
Enclosed is a cl	heck for th	e following amount:		
ਙ \$ 25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

RDAY INVESTMENTS LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
the Articles of Organization for this Limited Liability Company value of the North Republic Company va	vere filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
e new name must be distinguishable and contain the words "Limited Liabilit	ly Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		<u> </u>
		SEC. 1871
		- 유유
nter new mailing address, if applicable:		<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
failing address MAY BE A POST OFFICE BOX)		1 250
		2: 33
		0 🕏
. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here.	· •	r the name of the r
gistered agent and/or the new registered office address here.	•	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida _	
	, Florida _	Zin 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>	Name	<u>Address</u>	Type of Action
AMBR	VICKIE L MITCHELL	18801 N DALE MABRY #157	Add
		LUTZ, FL 33548	□ Remove
			☐ Change
		 	Add
			□ Remove
			Change
	 	<u></u>	
			□ Remove
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	07/00/40		
ctive date, if other than the	ne date of filing:	(o)	ptional)
e: If the date inserted in this	oust be specific and cannot be prior to de block does not meet the applicable	ate of filing or more than 90 days a statutory filing requirements,	this date will not be liste
ment's effective date on the	Department of State's records.		
ecord specifies a delay	ed effective date, but not ar	n effective time lat 12:0	1 am on the earlie
ne 90th day after the re		r enective time, at 12.0	I ami. on the came
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