(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration S Division of Co					
Cuckoo D	addys LLC				
	Name of Lir	nited Liability Company	<del></del>		
	f Amendment and fee(s) are sul ondence concerning this matter	<u>-</u>			
	Roy F Bailey				
		Name of Person			
		Firm/Company			
Firm/Company 12650 Shannondale Court					
		Address			
	Fort Myers, FL 33913		•		<i>a</i>
	lehighpelicans@gmail.com	City/State and Zip Code		2018 . SEOTALL	77
	É-mail address:	to be used for future annual report notific	ation)		
For further information of	concerning this matter, please c	all:		. <b>23</b> 	Decard .
Roy F Bailey		706 405-9573 at ( )		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Branuc'
Name o	of Person		Telephone Number	PB 4: 42 of STATE of FLORIDA	مهمه الم
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Cuckoo Daddys LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Torida document number 1.16000193739	
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	
Principal office address MUST BE A STREET	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u> </u>
<ol> <li>If amending the registered agent and/or egistered agent and/or the new registered office</li> </ol>	registered office address on our records, enter the name of the n
	<u>= 4331 (33 HC) C</u> .
Name of New Registered Agent:	·
New Registered Office Address:	2018 ALL
INCH Registered Office Address.	Enter Florida street address
	Florida SS
_	City iZip-Code
ew Registered Agent's Signature, if changing Reg	
cormons of all statutes relative to the proper C ecept the obligations of my position as register	igent and agree to act in this capacity. I further agree for comply with and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is istered office address, I hereby confirm that the limited liability ange.
	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>		Address	Type of Action			
MMBR	Andrea Garcia	12650 Shannondale Court				
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Effective date, if other t	han the date of filin e date must be specific an	d cannot be prior to	date of filing or mo	(opti	onal) r filing ) Pursua	ar to 604	5 0207
Note: If the date inserted document's effective date	in this block does not i	meet the applicab	le statutory filing	requirements, thi	s date will not	be list	ed as t
document's effective date	on the Department of .	state's records.					
ne record specifies a c	delayed effective	date, but not a	an effective ti	me, at 12:01 a	a.m. on the	earli	er of:
The 90th day after	the record is filed.	•					
Dated JULY	l×.	2018					
<u> </u>	<del>-</del> 7-	. 2013	, <del>-</del>				

Page 3 of 3

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Typed or printed name of signee