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COVER LETTER

	on Section f Corporations	
Cucke	oo Daddy's LLC	
SUBJECT:	Name of Li	mited Liability Company abmitted for filing.
The enclosed Articl	es of Amendment and fee(s) are su	abmitted for filling.
	respondence concerning this matte	er to the following:
	Roy F. Bailey	
		Name of Person
	Cuckoo Daddy's LLC	
		Firm/Company
	12650 Shannondale Cou	rt
		Address
	Fort Myers, FL 33913	
		City/State and Zip Code
	E-mail address	: (to be used for future annual report notification)
For further informa	tion concerning this matter, please	call:
Michelle Cote, CP	A	954 873-9393
N	arne of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
□ \$25.00 Filing F	Fee \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing A		Street Address:
_	tion Section of Corporations	Registration Section Division of Corporations
P.O. Box	•	The Centre of Tallahassee
	see, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

ARTICLI	TO	
ADTICLE	S OF ORGANIZATION	ه ۱۷ م <u>.</u>
ARTICLE	OF	
Cuckoo Daddy's LLC		and assigned
	ity Company as it now appears on our records.) a Limited Liability Company)	
(A Flond	la t,imited Liability Company)	``~}
The Articles of Organization for this Limited Liability (Company were filed on 10/20/2016	and assigned
Florida document number L16000193739		
riorida document numoci	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
A. If attending name, enter the new name of the m		
The new name must be distinguishable and contain the words "Lir	nited Liability Company "the designation "LLC" or	the abbreviation "L.I.C."
The new name thirst he distinguishable and contain the words.	inica Emonty Company. The designment 1950 v.	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BOX)		-
produing duaress MAT BE A 1 031 01 FICE DOA		
B. If amending the registered agent and/or registere	od affice address an our records, enter the	e name of the new registered
agent and/or the new registered office address here:		The new registered
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Isaac Garcia	12650 Shannondale Court	■Add
		Fort Myers, FL 33913	□ Remove
			☐ Change
			□ Add
			Remove
			☐Change
			□Remove
			Change
			□Add
			□Remove
		<u> </u>	Change
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Note:	ive date, if other than the date of filing: O1/01/2020 (optional)
Gocuiii	VIII O VIII CO MILIO SII III D EPINIMANA CO MILIO MATAMANA
he record ord is fil	d 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 led.
Dated	January 15. 2020.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00