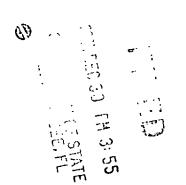


(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Fatity Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3





12/80/24--01080--019 **28.00



COVER LETTER

TO: Registratio Division of	n Section Corporations			
	usa, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.		
	espondence concerning this matter	•		
	David Hart			
		Name of Person		
	David j Hart PA			
Firm/Company				
7300 Biscayne Blvd suite 200				
		Address		
	Miami Ft. 33138			
	dhart@hart.live	City/State and Zip Code		
		to be used for future annual report notification)		
For further information	on concerning this matter, please ca	ail:		
David Hart		305 491 2757 at ()		
Nau	ne of Person	Area Code Daytime Telephone Number		
Enclosed is a check f	or the following amount:			
■ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)		
P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810. Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Venderusa, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any <u>as it now appears on our records.)</u> Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.17000014723}{1.17000014723}$.		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:	
Liveday, LLC	 	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7300 Biscayne Blvd Suite 200	
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33138	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new registered
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street address	
	. Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.,	S. Or, if this document is —

in ending 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
MGR ———	David J Hart PA	7300 Biscayne Blvd #200, Miami FL 33138	\ \ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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