

L17000018955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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17 NOV -9 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. LEGGETT  
NOV 13 2017

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: DT Day LLC  
Name of Limited Liability Company

*URGENT!*  
*thank you.*

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fabiana Ciobataru

Name of Person

FGC corporate advisors LLC

Firm/Company

1395 Brickell Avenue, Ste. 900

Address

Miami Florida 33131

City/State and Zip Code

fabiana@fgcadvisors.com

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

For further information concerning this matter, please call:

Fabiana Ciobataru

Name of Person

at (305) 989-1327

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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

DT DAY LLC

Page 1 of 3

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	Daniyel Dayan	900 Brickell <sup>Key</sup> <del>Blvd</del> #1703	<input type="checkbox"/> Add
		Miami FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tony Dayan	1395 Brickell Ave Ste 900	<input checked="" type="checkbox"/> Add
		Miami FL 33131	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

(b) The 90th day after the record is filed.

Dated

November 7

2017

Signature of a member or authorized representative of a member

Fabiana Ciobataru

Typed or printed name of signee