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COVER LETTER

COVER LETTER TO: Registration Section Division of Corporations SUBJECT: DT Day LLC Name of Limited Liability Company
TO: Registration Section Division of Corporations
SUBJECT: DT Day LLC Name of Limited Liability Company
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, Sto. 908 Address Miami Florida 33131 City/State and Zip Code fabiana Of FGC advisors. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fabiana Ciobataru at (305) 989-1327 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

MAILING ADDRESS:

□ \$30.00 Filing Fee & Certificate of Status

\$25.00 Filing Fee

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DT DAY	LLC	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on out la Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability of Florida document number _LITOODO18955		5 17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable:		ion "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADD	RESS)	28 7
Enter new mailing address, if applicable:		FILE NOV -9
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ado		records, enter the name of the new
registered agent and/or the new registered office aut	<u>iress nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	ret address
		, Florida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Daniyel Dayan	900 Brickell (Cy Blva #1	703 Add
		Miami 71 33131	Remove
			☐ Change
MGR	Tony Dayan	1395 Brickell Are St	90 Add
	•	Miami F 33131	Remove
			☐ Change
			Add
			□ Remove
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_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		_
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(If an effect Note: If	e date, if other than the date of filing:	uant to 60. tot be list	5.0207 (3)(ted as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the following states the record is filed.	ne earli	er of:
Dated _	November 7. 10017.		
	Signature of a member or authorized representative of a member		
	Fabiana Ciobataru Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00