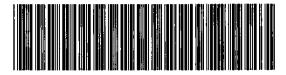
## 117000062939

(Re	questor's Name)	-
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
ANALYSES BEODINA

D. SCOTT APR 21 2017

## **COVER LETTER**

Division of Corp	porations	•	
SUBJECT:	DAYENU S	SERVICES, LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Valeri	a Braga Bastos Goncalves	
		Name of Person	
		Dayenu Services, LLC	•
		Firm/Company	<del></del>
	1506 Ne 10Th St		
		Address	<del></del>
	Cape Coral - Florida - 3390	09	
		City/State and Zip Code	
	dayenu_cl@hotmail.com		
77 e d 2 e	·	to be used for future annual report notification	
For further information co	oncerning this matter, please ca	ili:	
Valeria Braga Bastos Gor	ncalves	239 209-6654 at ( )	phone Number
Name of	Person		phone Number
Enclosed is a check for the	e 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

**Registration Section** 

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

DAYE	ENU SERVICES, LLC.	
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 03/18/2017.	and assigned
Florida document number L17000062939		
This amendment is submitted to amend the following	3.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2	-10-
		<u> </u>
		語第四
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our reco	rds, enter the name of the nev
registered agent and/or the new registered office a	iduress nere:	
Name of New Registered Agent:		PE STA
Name of New Registered Agent.		
New Registered Office Address:	F Fl.: 1	
	Enter Florida street add	<i>IPESS</i>
		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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ana Beatriz Braga Bastos Goncalve	1506 Ne 10Th St Cape Coral Fl. 33	□ Add
			■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			☐ Remove
			Change
			SECOL Remove
			S Composition
			P Add O7 O7 Remove
			□ Change
			Remove
			Change.

Pleas	se I need revew my docu	ment, because I have EIN number. The Number	s is: 82-0906299
Than	ık You and God Bless!		<del></del>
***************************************			
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			<del></del>
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fective (	late, if other than the	date of filing:	(optional)
m effectiv ote: If th	e date is listed, the date mus the date inserted in this bl	at be specific and cannot be prior to date of filing or mo ock does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.02
cument's	s effective date on the D	epartment of State's records.	<b>→</b> 5 (#)
record	specifies a delaver	I effective date, but not an effective ti	ime, at 12:01 a.m. on the earlier
	th day after the rec		HA R
	April, 17	2017	20 SSEE
ited	- aleans) a c	, 2011	PH IS:
		(testiments)	0 is
•		Signature of a member or authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00