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## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJ		ENU SERVICES - LLC.					
SUBJ	ECI:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		VALERIA B	RAGA BASTOS GONCALVES				
		<del>- 11 - 4,                               </del>	Name of Person				
		DA	AYENU SERVICES - LLC.				
			Firm/Company				
			1506 NE 10 TH ST				
		<del></del>	Address				
		C.	APE CORAL - FL 33909.				
	City/State and Zip Code						
			dayenu_cl@hotmail.com				
		•	to be used for future annual report noti	fication)			
For fu	rther information c	oncerning this matter, please ca	all:				
VALE	RIA BRAGA BA	STOS GONCALVES	239 2096654 at ()				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclos	sed is a check for the	ne following amount:					
<b>≅</b> \$2	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DAYENU SERVICES - LLC.		
(Name of th	e Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Lim Florida document number	· · ·	03/18/2017.	and assigned
This amendment is submitted to amend the	he following:		
A. If amending name, enter the new n	ame of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and conta	in the words "Limited Liability Company," the des	signation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if	applicable:		
(Principal office address MUST BE A S	TREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicab (Mailing address MAY BE A POST OF			
B. If amending the registered agent registered agent and/or the new registered	t and/or registered office address on ered office address here:	our records, <u>enter</u>	the name of the ne
Name of New Registered Agent	<u> </u>		<u> </u>
New Registered Office Address		la street address	NO CONTRACTOR OF THE CONTRACTO
	Enter riora		27
	City	, Florida	Zip Code
New Registered Agent's Signature, if char	nging Registered Agent:	<u> </u>	- I many

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>	<u>Name</u>	Address	Type of Action
MGR	FERNANADA EVELYN B.B.G	1506 NE 10 TH ST	
		CAPE CORAL - FL 33909.	□ Remove
			■ Change
			□ Add
		:	□ Remove
		MARA-marath-maker-terrandon-	Change
			☐ Remove
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			☐ Remove
			☐ Change
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			□ Remove
			☐ Change
			Add
			☐ Remove
			Channe

THE CO	RRECT NAME IS: FE	RNANDA EVI	ELYN BRAC	A BASTOS	GONCALVES.			
THANK	YOU!!! GOD BLESS	3111						
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d	JUNE, 13		2017	•				
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Filing Fee: \$25.00