117000243619

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Day+S Plus 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:
Erick Garda Name of Person
parts pus of Miami, LCC
3121 NW 23 avenue
Miami, Flonda 33147. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EYICL COAY CIA at (305) 753 - 1827 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability (A Florida L	Company as it now imited Liability Con	y appears on our re npany)	cords.)
The Articles of Organization for this Limited Liability Co. Florida document number 11700024361	mpany were filed	Ion_11/30	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability comp	oany here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Compan	y," the designation '	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRE	E <i>SS</i>)		
			過過で
Enter new mailing address, if applicable:			5 2
(Mailing address MAY BE A POST OFFICE BOX)			(Sim
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		ress on our rec	ords, <u>enter the name of the new</u>
New Registered Office Address:	E	Inter Florida street a	ldress
	, Florida		
	City	-	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performa ent as provided j	ince of my dutie for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is
	,		
	If Changing Regis	tered Agent, Signa	ture 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
AMBR	Erick Garcia	3121 NW 23 avenue miami, FL 331472	Add
			Remove
			Change
.		 	Add
			Remove
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			□ Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: If	te date, if other than the date of filing: (optional) ctive 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)(f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	November 30, 2017.
	Signature of a member or authorized representative of a member
	SHOWNE FLOYES Typed or printed name of signee

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Filing Fee: \$25.00