## L18000079212

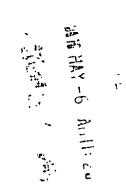
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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor		<del>-</del> 4		
		ESTMENTS LLC			8. 82.3 84.
SUBJE	Name of Limited Liability Company				
					Ċ.
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		o,
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		DIANA HUSSAIN			<b>A</b> *
		<del></del>	Name of Person		
		DAYY INVESTMENTS I	1.C		
		<del></del>	Firm/Company		
		9239 BAYWAY DR			
			Address		
		ORLANDO, FL 32819			
		dayyinvestments@gmail.co	City/State and Zip Code m		
		E-mail address: (1	to be used for future annual report no	tification)	
For furti	her information c	oncerning this matter, please ca	all:		
DIANA	HUSSAIN		310 9679366 at ( )		
	Name o	f Person		me Telephone Number	
Englara	d is a chuck for th	he following amount:			
	.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
_ •		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Statu Certified Copy (additional copy is encl	
		ING ADDRESS: ration Section	STREET/COUR Registration Sect	RIER ADDRESS:	
	Divisio	on of Corporations ox 6327	Division of Corp Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ART	TCLES OF ORGANI	ZATION	, etc.
	OF		Tr.
			10000000000000000000000000000000000000
DAYY INVESTMENTS LLC			
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	The state of the s
The Articles of Organization for this Limited I	iability Company were filed	on 3/28/2018	and assigned 🐍
Florida document number L18000079212			ž.
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	ıny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company.	"the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	· · · · · · · · · · · · · · · · · · ·	
		_	
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, <u>ente</u>	er the name of the nev
registered agent and/or die new registered e	inice addi extincte.		
Name of New Registered Agent:	DIANA HUSSAIN		
New Registered Office Address:	9239 BAYWAY DR	<u>,                                      </u>	
	En	ter Florida street address	
	ORLANDO	, Florida	32819
	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 Regis Agent Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
			Add
			□ Remove
			Change
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			Change

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E. Effective date, if other tha	the date of filing:
Note: If the date inserted in t	is block does not meet the applicable statutory filing requirements, this date will not be listed as the e Department of State's records.
If the record specifies a de (b) The 90th day after the	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
Dated MAY 1	2019
17/4	11
15/16	Signature of a member or authorized representative of a member
	isognature of a member of authorized representative of a member
" DIANA HUSSAII	

Typed or printed name of signee

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Filing Fee: \$25.00