

L18 000 148 741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

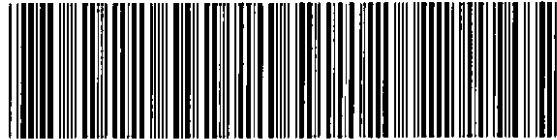
(Business Entity Name)

(Document Number)

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20 FEB 14 PM 1:35

MAR 10 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAY ONE HOLDINGS, LLC
Name of Limited Liability Company

20 FEB 16 PM 1:35

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OBED CALIXTE

Name of Person

DAY ONE HOLDINGS, LLC

Firm/Company

1101 E CUMBERLAND AVE SUITE 201H-109

Address

TAMPA, FL 33602

City/State and Zip Code

DAYONEHOLDINGS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OBED CALIXTE 813 4221987
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DAY ONE HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

20 FEB 14 PM 1:35

The Articles of Organization for this Limited Liability Company were filed on 06/18/2018 and assigned

Florida document number L18000148741

This amendment is submitted to amend the following:

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1101 E Cumberland Ave

Suite 201H-109

Tampa, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1101 E Cumberland Ave

Suite 201H-109

Tampa, FL 33602

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JONTER BLACKSHEAR	2706 SHERINGHAM ROAD	<input type="checkbox"/> Add
		ORLANDO, FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELLIOT KING	2706 SHERINGHAM ROAD	<input type="checkbox"/> Add
		ORLANDO, FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KERVIN ALLY	2706 SHERINGHAM ROAD	<input type="checkbox"/> Add
		ORLANDO, FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TOMMIE WIGGINS III	2706 SHERINGHAM ROAD	<input type="checkbox"/> Add
		ORLANDO, FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOMINIC HAMER	2706 SHERINGHAM ROAD	<input type="checkbox"/> Add
		ORLANDO, FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OBED CALIXTE	1101 E CUMBERLAND AVE	<input type="checkbox"/> Add
		SUITE 201H-109	<input type="checkbox"/> Remove
		TAMPA, FL 33602	<input checked="" type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 12TH 2020

Signature of a member or authorized representative of a member

OBED CALIXTE

Typed or printed name of signee

Filing Fee: \$25.00

(MONEY ORDER)