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EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	M Montenegro Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
r tease return an corresp	Jose	Montenegro Name of Person	
	M	Montenegro LLC Firm/Company	
	351	Walter Ave. Address	
	Fros	City/State and Zip Code	· · ·
For further information	E-mail address: () concerning this matter, please ca	Nn Ingred Yown, Colleto be used for future annual report notificall:	ation)
	Vantenegro of Person	at (<u>& 3</u>) <u>33</u> Daytime	Telephone Number
Enclosed is a check for t	he 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	INC ADDRESS	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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	ty Company as it now appears on our records.) i Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 180000051</u>	Company were filed on $8/3/18$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
M Daywall	LLC
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable:	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	-
(Mailing address MAY BE A POST OFFICE BOX)	· a,
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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, <u>enter the title, name, and address of each person being adde</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of	(optional)
ote: If the date inserted in this block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.020 itory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	cente time, de 12.01 a.m. on the earlier e
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	esentative of a member
Signature of a member arguithorized repri	CSCHILITTELET & INCHIOCI

Page 3 of 3

Filing Fee: \$25.00