118000261642

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INCLAHASSEE FLORIDA

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S. YOUNG

COVER LETTER

TO:

Registration Section

Division of	Corporations			
418 185 881/27/81	Daily Horoscopes LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all corr	respondence concerning this matte	r to the following:		
	Lori Sabel Megill			
	 	Name of Person		
	Daily Horoscopes LLC			
		Firm/Company		_
	48 NW 167th st			18
		Address		AND OF T
	North Miami Beach, FL 3	3169		W 26 AH
	LoriMegill86@gmail.com	City/State and Zip Code	,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		(to be used for future annual report notifi	cation)	50 (ii) A
For further informati	on concerning this matter, please	call:		
Lori Megill		954 681-9995 at ()		
Na	me of Person		Telephone Number	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing Fe	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Re Di P.G	AILING ADDRESS: rgistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	STREET/COURII Registration Section Division of Corpora Cliffon Building 2661 Executive Cer	n ations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ellis Daily Horoscopes LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L18000261642	were filed on11/7/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Daily Horoscopes LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		≥ ∞
(Principal office address MUST BE A STREET ADDRESS)		A S T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		
	City	_, Florida = Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	гар сам
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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E Effor	tive date if other	than the date	of filing:			(on	tional)	
(If an et	tive date, if other ffective date is listed, t If the date inserted	the date must be sp	ecific and cannot	ot be prior to dat	e of filing or mo	re than 90 days aft	ter filing.) Pursi	uant to 605.02 of be listed
docur	nent's effective dat	e on the Departn	nent of State's	records.				
								11
If the re (b) The	ecord specifies a e 90th day after	i delayed effe r the record is	ective date, s filed.	but not an	effective to	me, at 12:01	a.m. on tr	ie earlier
	X7 1 15		201					
Dated	November.15		201 CM/ 6					
	Leu		NUNC	Alli-				

Page 3 of 3

Filing Fee: \$25.00