(Requestor's Name)	
(requestors runne)	
(Address)	100334209
(Address)	100001200
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	08/13/1901014
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



9501

-082 **++25.00**

2613

SEP 2 5 2019 I ALBRITTON

COVER LETTER

TO:	Registration Se- Division of Cor			
cubi		LOPEZ LLC		
SUBJ	ECI:	Name of Lim	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DAYANNA LOPEZ MACHA	ANDI	
		DAYANNA LOPEZ LLC	Name of Person	
		4502 NW 204TH ST	Firm/Company	
		MIAMI, FL 33055	Address	
		DAYANNALOPEZ614@GM	City/State and Zip Code AIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please co	all:	
DAYA	NNA LOPEZ MA	CHANDI	702 888-5480	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	e following amount:		
≅ \$2	5,00 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)

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

DAYANNA LOPEZ LLC		
(<u>Name of the Limited Liability C</u> (λ Florida Lin	ompany as it now appears on our reconited Liability Company)	rds,)
The Articles of Organization for this Limited Liability Comp	pany were filed on 01/11/2019	and assigned
lorida document number L19000013827		
his 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 "LI	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
		70
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
B. If amending the registered agent and/or registere egistered agent and/or the new registered office address		ds, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	USS
	, F	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, 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 YORDANIS RODRIGUEZ LA O	Address 4502 NW 204TH ST	Type of Action
AMBR		MIAMI, FL 33055	
			Remove
			Change
			Remove
			Change
			Remove
			☐ Change
			Remove
			□ Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change

-	. <u>. </u>	<u> </u>	<u> </u>	
				
				 -
				_
				 -
<u>-</u>				
				_
-				
		<u> </u>		
Effective data if other than the de-	on of Climan		(allowall	
Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applica	o date of filing or more than ble statutory filing requi	(optional) n 90 days after filing.) Pursuant to rements, this date will not be	605.0207 (3 listed as th
the record specifies a delayed ef) The 90th day after the record	fective date, but not is filed.	an effective time,	at 12:01 a.m. on the ea	arlier of:
SEPTEMBER 06	2019			
<u> </u>	·	- ·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00