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S TALLENT JUL 1 6 2019



COVER LETTER

TO:				
SUBJ	ECT:			LLC
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. Sturn all correspondence concerning this matter to the following: Abel Fuertes Name of Person Firmi/Company 1302 N 15 ST Address TAMA F. 33605 City/State and Zip Code E-mail address: (to be used for future annual report notification) at (\$13)		
		Abo	Name of Person	
			s For Au	LLC
		1302	Address	57
			ANPA FC City/State and Zig Code	33605
		E-mail address: (t	o be used for future annual report notifi	cation)
For fu	rther information co	ncerning this matter, please ca		
	Name of	- BLAKE Person	at (813) +87 Area Code Daytime	Telephone Number
Enclos	sed is a check for the	e following amount:		
□ \$2	25.00 Filing Fee			

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

TO ARTICLES OF ORGANIZATION OF

Y ILTERS	> YOR ALL LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
(1, 1, 0
The Articles of Organization for this Limited Liability Cor	mpany were filed on 2 6 19 and assigned
Florida document numberL\90005374	,56
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
DAISY DE	Ecor LLC
	ed 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ered office address on our records, enter the name of the new
registered agent and/or the new registered office address	<u>ss here</u> :
No. of CN Decision 14	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Desirtand Agent's Signature if shoulder Desirtand	
New Registered Agent's Signature, if changing Registered A	
	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and
accept the obligations of my position as registered ageing	ent as provided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered company has been notified in writing of this change.	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

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

	
ffec	tive date, if other than the date of filing: (optional)
ote:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
e re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
i h	e 90th day after the record is filed.
	$\int d^2 x d^2 x = 2\pi i \Omega$
atec	July 2 2019
	\mathcal{M}_{\bullet}
	Signature of a member or authorized representative of a member
	Abel Frentes
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00