

Office Use Only





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SECRETARY OF STATE

COVER LETTER

| Fee. Status & by is enclosed) |
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAISY LLLC

| (Name of the Limited Liability Comp. (A Florida Limited | uny as it now appears on our records.) Liability Company) | |
|--|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number L19000052603 | were filed on <u>2/22/2019</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbrevia | tion "L.L.C." |
| Enter new principal offices address, if applicable: | 3314 HIGHLANDS BRIDGE ROAD | · * |
| (Principal office address MUST BE A STREET ADDRESS) | SARASOTA, FLORIDA 34235 | 7 7 7 1 |
| | | <u> </u> |
| Enter new mailing address, if applicable: | SRY 3314 HIGHLANDS BRIDGE ROAD SEC | 9 PH |
| (Mailing address MAY BE A POST OFFICE BOX) | SARASOTA, FLORIDA 34235 | |
| | L | <u>•</u> |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | Enter Florida street address | the new register |
| | Enter Fiorida street address | |
| New Registered Agent's Signature, if changing Registered Agent: | · | p Code |
| 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. | vec to act in this capacity. I further agree to performance of my duties, and I am famil provided for in Chapter 605, F.S. Or, if thi | iar with and is document is |

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
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|). If ameno | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effect Note: If | date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after tiling.) Pursuant to 605,0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records. |
| the record s cord is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated A | PRII. 12 2024 |
| | |
| | Signature of a member or authorized representative of a member |
| | BRYAN S. K ESSLER, E SQ., AUTHORIZED REPRESENTATIVE OF PETER GEBAUER |
| | Typed or printed name of signee |

Filing Fee: \$25.00