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PICK-UP	☐ WAIT	MAIL
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TIVISION OF CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Days, Food Market and Gift Shop LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Wilson Conzalaz Name of Person	
Days: Food Market and Gift Shop LLC Firm/Company	
4970 W: Irlo Bronson Memorial Hwy	
Kissimmee, Fl 34746 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	10 SE
For further information concerning this matter, please call:	
Wilson Gonzales at (407) 431-1236 Name of Person Area Code Daytime Telephone Number	ARY CORPORATION OF CORPORATION OF CORPORATION
Enclosed is a check for the following amount:	23 DEC.
□ \$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
2061 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Food Market and Gift

Same of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _______________________________and assigned Florida document number <u>W19000019835</u>. L190000 650 This 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 "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Wilson Gonzalez Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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> <u>Name</u> Address Type of Action AMBR Wilson Conzalez 8911 Legacy Court Apt 15-307 MAND Kissimmee, FL 34747 _□ Change □ Add ☐ Remove \square Add _□ Remove _□ Add _□ Remove \square Add _____ Change ☐ Remove

. 11 411	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
(If an e <u>Note:</u>	tive date, if other than the date of filing: 3/25/19
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	25th of March . 2019.
	Without Impeles. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Wilson Gonzalez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

PAYSI FOOD MARKET AND GIFT SHOP
Wilson GONZALEZ

H970 W. TRIO BRONSON MEMORIAL HWY
KISSIMMEC FC, 34746

Cel # 407.431-1236

Ce/# 407.431-1236 Store # 407.508-0178