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COVER LETTER

- Division of Corporations	
UBJECT: Dayton & Co., LLC	
Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Monisha Lanier	
Name of Person	
Firm/Company	
7.0. Bux 402	
Address	
Gretna, Fl. 32332	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Monisha Lanier au (950) 1094 0809	
Name of Person Area Code Daytime Telephone Number	
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TO:

Registration Section

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

Daxton	R (v., LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Florida document number <u>L 1 9 000 0 9 5 99</u>	Company were filed on 12 18	nold and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		19 SE
(Principal office address MUST BE A STREET ADI	ORESS)	
		28 28 FE
Enter new mailing address, if applicable:		02
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	, F City	F lorida Zip Code
New Desistand America Signature of the aming Desistant	rad Aganti	

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>	<u>Name</u>	Address	Type of Action
AP	Damon D Green	493-1 Van Buren Lou) Add
		493-1 Van Buren Lou Tallahassee, Fl. 32301	Remove
			Change
			Add
			Remove
			19 SECULETARY OF ALL THASSEE
			FLORIDA Change
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fective date, if other than the date of an effective date is listed, the date must be speci-	filing:	prior to date of	filing or more than 6	(optional)	urcuant to f	\0 S 01
ote: If the date inserted in this block does	not meet the ap	oplicable statu	tory filing require	ements, this date wi	il not be l	isted
ocument's effective date on the Departmen	it of State's reco	ords.				
e record specifies a delayed effect	ive date hul	t not an eff	ective time a	t 12:01 a.m. or	the ear	rlior
The 90th day after the record is f		c noc an en	cctive time, a	. 12.01 (01	i tiic cai	11101
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ated April 23	<u>~ ~ l</u>	<u> 19</u> ./				
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