

L190000 93789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

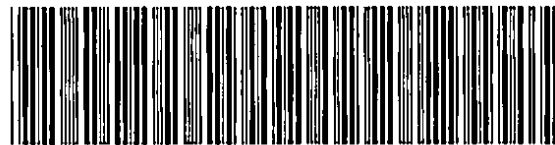
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 JUL 16 PM 12:09

Amend

JUL 17 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

DAYOSC 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:

Oscar Carlos Gonzalez Navarro

Name of Person

DAYOSC LLC

Firm/Company

6140 NW 173 ST APT 432 - 33015

Address

33015 MIAMI HEALECH

City/State and Zip Code

OSCAR6N19690@yahoo.es

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Carlos Gonzalez Navarro

Name of Person

at (786)

Area Code

681 3233

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

we have the
filing fee
already

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

FILED
STATE
DIVISION OF CORPORATIONS
19 JUL 16 PM 12:09

RECEIVED
2019 JUL 16 PM 1:18

RECEIVED
JUL 16 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2019

OSCAR CARLOS GONZALEZ NAVARRO
DAYOSC LLC
6170 NW 173 ST., APT 432
MIAMI, FL 33015

SUBJECT: DAYOSC LLC
Ref. Number: L19000093789

We have received your document for DAYOSC LLC and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

If you are trying to amend this LLC you must submit the actual form. All we received was the cover letter and the check. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 419A00012956

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DAYOSC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
19 JUL 16 PM 12:39
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number LC9000093789.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DAYOSC LLC

The new name must be distinguishable and contain the words "Limited 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 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Oscar Carlos González Navarro

New Registered Office Address:

6170 NW 173 ST Apartment 432

Enter Florida street address

Miami

Florida

33015

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 add or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	NAME.	Oscar Carlos Guzman Navarro	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Rectification No. number

E. Effective date, if other than the date of filing: 7/11/19 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 7/11/19



Signature of a member or authorized representative of a member

Oscar Carlos Gonzalez Navarro

Typed or printed name of signee