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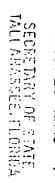
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

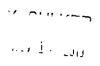


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2019 OCT 23 AM IO: 2



COVER LETTER

то:					
SURII	DeCorte LI	_C			
		Name of Lim	ited Liability Company		
The en	elosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Amy Ayers			
Name of Person Midland IRA Firm Company 1520 Royal Palm Square Blvd #320 Address Fort Myers, FL 33919 City State and Zip Code aayers@midlandira.com E-mail address: (to be used for Inture annual report notification) For further information concerning this matter, please call: Stephen Decorte 1651 324-2768 Area Code Name of Person Area Code Daytime Tetephone Number Einclosed is a check for the following amount. ### \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
		Midland IRA			
		·	Firm Company		
Firm Company 1520 Royal Palm Square Blvd #320					
			Address		
		Fort Myers, FL 33919			
			City State and Zip Code		
		E-mail address: ()	to be used for future annual report notif	ication)	
For fur	ther information co	oncerning this matter, please or	ıll:		
Stephe			651 324-2768 at()		
	Name o	l'Person	Area Code Daytimo	: Telephone Number	
Enclos	ed is a check for th	ne following amount.			
■ \$2.	5.00 Filing Fee		Certified Copy	Certificate of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DeCorte LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Compan	y were filed on $\frac{H^{\nu}}{}$	07/2019	and assigned
Florida document number £19000251911			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
Dailey Investments LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	signation "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)			. ~:
			SE SE
			5
B. If amending the registered agent and/or registered of	office address on	our records, <u>c</u>	to the same of the
registered agent and/or the new registered office address he	<u>re</u> :		兴 二 下
Name of New Registered Agent:			
		•	部一本
New Registered Office Address:	Futer Flori	da street address	<i>Y</i>
	Cin	Floric	la
	City		zip Cow

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

Effective date, if other than the date of filing: (the active date, if such the threm the specific and cumor by prior to date of filing or more than 90 days after filing.) Porsuant to 605 020 More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The post day after the record is filed. Dated OCLODER 21 2019.		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated OCOOC 21 . 2019		
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
	October 21 2019.	
William Fund	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00