1900 266 892			
(Requestor's Name)			
(Address) (Address) (City/State/Zip/Phone #)	400338667384		

01/05/20 -01019--007 \*\*25.00

(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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FEB 04 2020 S. YOUNG

## **COVER LETTER**

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## TO: Registration Section Division of Corporations

DAILY LIFE LLC

SUBJECT:

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:

MARVIN CORRALES

Name of Person

M&G ACCOUNTING AND TAX SERVICES

Firm/Company

PO BOX 228491

Address

MIAMI, FL. 33222

City/State and Zip Code

MARVINCORRALES@GMAIL.COM

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

For further intormation concerning this matter, please call:

MARVIN CORRALES at (\_\_\_\_\_) Name of Person Area Code 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	S OF AMENDMENT TO OF ORGANIZATION OF	FILEI 2020 JAN -6 A DIVISION OF SEE
ĐẠILY LIFE LLC		
	y Company as it now appears on our records.) Limited Liability Company)	TAN J
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000266892</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company." the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
	<u></u>	<u>_</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the l</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid:	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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:

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## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	MIGUELINA HASBUN SELMAN	CALLE DRES. MALLEN, ESQ. LAS PALMAS	🗐 Add
		RESIDENCIAL CJ II, APT 102 ARROLLO HONDO	) []Remove
		SANTO DOMINGO, DOMINICAN REPUBLIC	🗋 Change
			_ 🗋 Add
			_ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ctive date, if other than the d effective date is listed, the date must b in the date inserted in this block	01/01/20	)20	( <b>.</b> .	•

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.

01/01 Dated	2020
	FRUARY D. MASONA H.
	Signature of a member or authorized representative of a member
	AMAURY D. MADENA
	Typed or printed name of signee