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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of (
SUBJECT:	BJ HOLLI Name of L	ADAY LLC.	-
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Bn	Name of Person	DAY
	B5	THOLLADAY LLC Firm/Company	·
	1093 AI	A BEACH BLVD,	#273
		City/State and Zip Code	
		RUCE SURFO HOT (to be used for future annual report not	MAIL.COM ification)
For further information	concerning this matter, please o	all:	
Bruc Name o	E J. HOLLADAY	at (904) 540 Area Code Daytim	- 8953 c Telephone Number
Enclosed is a check for t	he 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 Addres</u> Registration S		Street Address:	tion
Division of C	orporations	Registration Sec Division of Corp	
P.O. Box 632	7	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LLADAY LLC.	
(Name of the Limited Liabil	lity Company as it now appears on our records.) da Limited Liability Company)	
(A Piono	la Limited Liability Company)	22 :
The Articles of Organization for this Limited Liability (Company were filed on $\frac{12/19/19}{}$	and assigned
Florida document number <u>L200001184</u>	3	9R 29
This amendment is submitted to amend the following:		(m) (m) (m) (m)
A. If amending name, enter the new name of the lim	nited liability company here:	111: 00
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1093 AIA BEA	CH BLVD.
(Principal office address MUST BE A STREET ADDI	RESS) ST. AUGUSTINE	FL 32080
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1093 AIA BEACH 5T. AUGUSTINI	BLVD., #273 E, FL 32080
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	I office address on our records, enter the nar	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	1093 AIA BEACH BLV Enter Florida street address	<i>D</i>
5	T. AUGUSTINE, Florida	32080
	City	Διp Coae

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 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
			□ Add
			□ Remove
			□Change
			□Remove
			Change
			□ Add
			□Remove
			□ Change
 -			
			□ Change
			□Add
			Remove
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			□Change

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an effective ote: If the	ate, if other than the date is fisted, the date must date inserted in this ble effective date on the De	be specific ar ck does not	nd cannot be pri meet the appl	icable statutory	or more than 90 filin g re quiren	(optional) days after filing.) nents, this date o	Pursuant to 605.020 will not be listed a
record spec is filed.	ifies a delayed effective	date, but no	ot an effective	time, at 12:01 a	a.m. on the ear	lier of: (b) The	90th day after the
ated	04 / 2	6	. 202	<u>-0</u> .			
_		Signature of a	i member of au	morized represent	tative of a memb	er	
		•					
		B	ruce	J. Hounted name of sign	CADAY		