L20000019303

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE

Division of Corporations

ECRE ANASSIE, FL

March 30, 2021

MICHELET DOMINIQUE-ATHIS 2185 WHITE DAHLIA DR APOPKA, FL 32712

SUBJECT: TODAY IS MY ONE DAY OR SOMEDAY LLC

Ref. Number: L20000019303

We have received your document for TODAY IS MY ONE DAY OR SOMEDAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000134884.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 321A00006631

04-04-2021 n ficheles Co

COVER LETTER

	egistration Sectivision of Corp				
SUBJECT		TODAY IS MY ONE DAY OR SOMEDAY LLC			
SUBJECT	•	Name of Limi	ited Liability Company	1	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	; 	
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		Michelet Dominique-Athis	;		
			Name of Person		
		Moments to Memories, LL	.C	1	
			Firm/Company	<u>!</u>	
		2185 White Dahlia Dr			
			Address		
		Apopka, FL. 32712			
			City/State and Zip Code		
		michel.dominiq@gmail.com	n to be used for future annual report notif	Tontion)	
Car forth	- info-mation o		·	ication	
		oncerning this matter, please o		1	
Michelet	Dominique-Ath		407 595-9451 at ()		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed	is a check for th	he following amount:			
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section of the second of the s	
).	
F C	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 221,455

OF 2921 APR -5 AH 7: 23

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/13/2020 Ilorida document number L20000019303 This amendment is submitted to amend the following: The Articles of Organization for this Limited Liability Company were filed on 01/13/2020 In a mending name, enter the new name of the limited liability company here: The Moments to Memorius, LLC TODAY IS MY ONE DAY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the distinguishable and contain the words "Limited Liability Company," the distinguishable and contain the words "Limited Liability Company," the distinguishable and contain the words "Limited Liability Company," the distinguishable and contain the words "Limited Liability Company," the distinguishable and contain the words "Limited Liability Company," the distinguishable and contain the words "Limited Liability Company," the distinguishable and contain the words "Limited Liability Company here: The principal office address MUST BE A STREET ADDRESS) The principal office address MUST BE A STREET ADDRESS The principal office address MAY BE A POST OFFICE BOX) Solution of the new registered agent and/or registered office address on our records, enter the gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida street address Florida street address	and assigned
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, Florid	<u>- ———</u>
City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I furthe rovisions of all statutes relative to the proper and complete performance of my duties, and I ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. eing filed to merely reflect a change in the registered office address. I hereby confirm that the ompany 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 2421 APR -5 AH 7: 23 Address **Type of Action** <u>Title</u> Name □Add □Remove Change \square Add Remove Change □Add Remove Change □Add Remove _ Change _ 🗆 Add □Remove □ Change □Add □Remove

□ Change

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Filing Fee: \$25.00

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