

L20 0000 55203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

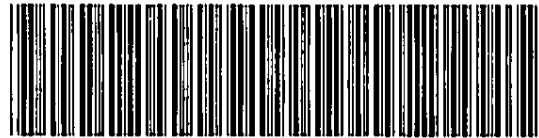
(Business Entity Name)

(Document Number)

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DEC 15 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DAILEY FITNESS AND NUTRITION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIAN DAILEY

Name of Person

DAILEY FITNESS AND NUTRITION LLC

Firm/Company

8280 CLEARY BLVD APT 2814

Address

PLANTATION, FL 33324

City/State and Zip Code

adriandf1@gmail.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

DAILEY FITNESS AND NUTRITION LLC

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

2023. 02 18/2020

The Articles of Organization for this Limited Liability Company were filed on 02/18/2020 and assigned
Florida document number L20000055203.

This amendment is submitted to amend the following:

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

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EMA SMILEY	8280 CLEARY BLVD APT 2814 PLANTATION, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADRIAN DAILEY	8280 CLEARY BLVD APT 2814 PLANTATION, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

Dated

10/26/2020
OOL . A

Filing Fee: \$25.00

FLORIDA INDIVIDUAL ACKNOWLEDGMENT

F.S. 117.05(13) — Effective January 1, 2020

State of Florida

County of Broward

The foregoing instrument was acknowledged before me by means of

☒ Physical Presence.

— OR —

☐ Online Notarization.

this 26 day of October, 2020, by
Date Month Year

Adrian Dailay

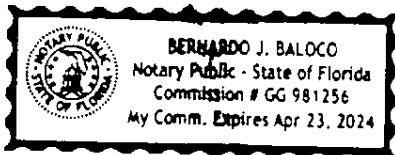
Name of Person Acknowledging

Bernardo J. Baloco

Signature of Notary Public — State of Florida

Bernardo J. Baloco

Name of Notary Typed, Printed or Stamped



☐ Personally known

☒ Produced Identification

Type of Identification Produced: FL Driver License

Place Notary Seal Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____