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## **COVER LETTER**

Ю:	Registration Section Division of Corporations
	· Dayston 110
UBJI	CCT: DAYISTARR, LLC Name of Limited Liability Company
he en	closed Articles of Amendment and fee(s) are submitted for filing.
'lease	return all correspondence concerning this matter to the following:
	Kerneth Proken
	DAYSTARY, LLC
	1451 Meluin Street Address
	TA (lahassee Florida 32301 City/State and Zip Code
	DAYSTAY 1515 At hotmail Com E-mail address: (to be used for future annual report notification)
or fu	ther information concerning this matter, please call:
Ke	Name of Person   Area Code Daytime Telephone Number
Enclo	ed is a check for the following amount:
<b>√/</b> s:	5.00 Filing Fee Solution Status Solution Statu
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it n Florida Limited Liability C	ow appears on our rec ompany)	ords.)	<del></del>	
The Articles of Organization for this Limited Liab	ility Company were fil	ed on <u>3-17-</u>	<i>20</i>	_ and assig	gned
his amendment is submitted to amend the follow	ing:				
LAYSTACE CONSULTING Lenew name of the new name of the new name must be distinguishable and contain the work			.LC" or the abbre	eviation "L.L	C."
Inter new principal offices address, if applicab	de:				
Principal office address MUST BE A STREET	ADDRESS)			2020	<del></del>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u> B. If amending the registered agent and/or reg		on our records, en	ter the name	2020 NOV   3 AH   9: 10 of the new	registered
gent and/or the new registered office address		on our records, <u>cri</u>		01 1111 11217	- Chisterea
Name of New Registered Agent:	Shelly	PARKEN		···-	
New Registered Office Address:		Enter Florida street ad	dress		
	TALLAHASSES	<del>-</del>	. Florida <u> </u>	Z30( Zip Code	

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

 $\Lambda$ 

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>	Address	Type of Action
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Dated	1/-13-20		· <u>-</u>	<i>,</i>					
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	·\a	Signature	of a member or	authorized repre	sentative of a mer	nber	·		
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