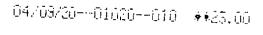
## L20000086262

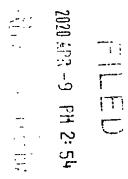
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: T	Daily Home Sold	4,200 11(	:
SUBJECT:		ted Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Dysy	ea Hall Name of Person	
	·	Firm/Company	
	P.O Box 2	9 1970 F. OSCO Address KISING	ola Plewy
	<u>Kissimmel</u>	FL 34743	
	daily honeson	City/State and Zip Code  Hions 24 Damail. Co o be used for future annual report noti	fication)
For further information c	concerning this matter, please ca		
Dane o	Hall of Person	at ( <u>321</u> ) <u>443</u> Area Code Daytim	-7736 e 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)
Mailing Address Registration : Division of C P.O. Box 632	Section Corporations	Street Address: Registration Seconds Division of Core The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( 0)// ( / ( 0) = 0	ations LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2000076262</u> .	were filed on March 20, 2020 and assigned	l	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "D.L.C."	1	
Enter new principal offices address, if applicable:	N/A ====================================		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O BOX 209 1970 E. Oscesia PKWY 14561mmer FL 34743	<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new reg</u> i	istered	
Name of New Registered Agent:	N/A		
New Registered Office Address:	Enter Florida street address	****	
, Florida			
	City 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			Remove
		<del></del>	☐ Change
			Remove
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	<del></del>	Remove	
			□Change
			□ Add
		□ Remove	
		□Change	
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Harch Signature of a member or authorized representative of a member