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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	JOEL GANDARA, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	VIVIAN G M	MEDIAVILLA	
		Name of Person	
	PDC ACCO	OUNTING FIRM, LLC	
		Firm/Company	
	9358 SW	40TH STREET	
		Address	
	MIAMI,	FL 33165	
		City/State and Zip Code	- -
		N@PDCACCOUNTING.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
JOEL GANDAR	RA .	at () 915-8811	
Name	e of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for	r the 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 Adda Registration Division of P.O. Box 65 Tallahassee	n Section Corporations 327	Street Address: Registration Set Division of Contre of Contre of Callahassee, Fl	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOEL GANDARA,	LLC			
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on mited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Com	pany were filed on04/0'	7/2020	_ and ass	igned
Florida document numberL20000098463				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
31 DAILY CHALLENGES, LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u> </u>		20	
			24 F	
		-	EB	11
Notice and the second s			<u>β</u>	
Enter new mailing address, if applicable:	-		70	111
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		$\overline{\overline{C}}$
			_ 	
		' <u>;</u> (~1	8	
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our recor	ds, <u>enter the name o</u>	<u>f the nev</u>	v regis
Name of New Registered Agent:	- .		_	
New Registered Office Address:	5 . P)			
	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 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
			□Кеточе
			□ Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change
<u>.</u>			
			□Remove
			□ Change

f amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
Name IC he date incerted in the	the date of filing: 01/29/2024 (optional) te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
the record specifies a delayed ef cord is filed.	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 01/29	2024
Dated	410//2
	Of Signature of a member or authorized representative of a member
/	JOEL GANDARA
	Typed or printed name of signee