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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Day by Jay Population of	Ofessival Services UC
The enclosed Articles of Amendment and fee(s) ar	-
Please return all correspondence concerning this m	natter to the following:
- Foto	Name of Person
Dayt	Sylven Professional Services LLC
3715 3	Address Address
	City/State and Zip Code
E-mail add	ress: (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Name of Person	at (Area Code)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of State	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Control of Tallaharras
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Daybusay Post	Songo Servicial 14 Ca 9: 15
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 2000 0 208 204	were tiled on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A.
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	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>	Name	Address 2020 AUS 17 All 9: 15	Type of Action
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Effectiv	e date, if other than the date of filing: (optional)	
f an effec	ctive 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 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207
docume	nt's effective date on the Department of State's records	1 45 1
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 specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	he
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	Andre	
Dated _		
	The state of the s	
	Signature of a member or authorized representative of a member	
	Fotoula Bikos	