K21000H2565H

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	W.AIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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<i>X'</i>	Office Use On	lv



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T. MATTHEWS DEC - 3 2021



2021 ROY 22 PM 12: 37

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2021

GARY DAY 8009 LAKE WAUŅATTA DR WINTER PARK, FL 32792

SUBJECT: TWO DAYS PROPERTIES LLC

Ref. Number: L21000425654

We have received your document for TWO DAYS PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

PLEASE REMOVE THE REGISTER AGENT INFORMATION FROM AUTHORIZED PERSON(S) DETAIL PAGE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 021A00027294

COVER LETTER

	porations	f .			
	10 Days Pane	cities LC			
SUBJECT: [W	Name of Lim	ited Liability Company			
	J				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Two Days Properities LLC Name of Limited Liability Company Activities of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: GARY Day Same of Person Two Days Properities LLC Firm/Company 8009 LAKE Wanth DY Address Wither Park FL 32792 City/State and Zip Code GDAY Homes & Yahoo.com E-mail address: (to be used for future annual report notification) Permation concerning this matter, please call: Name of Person at (
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	8009 LA	Ke Warnatta D)~		
		Addiess			
	GDAY Hom	City/State and Zip Code eS @ Yahoo . Co M			
For further information c		·	incation)		
		at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
≥ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Addres					
-					
P.O. Box 632			•		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 KOV 22 PK 12: 15

1	710)			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Comp Florida document number			and assigned		
This amendment is submitted to fumend the following:					
A. If amending name, enter the new name of the limited l	liability company here:				
he new name must be distinguishable and contain the words "Limited L					
Enter new principal offices address, if applicable:	8009 lapke	e Velaunatta :, FL 3279	Dr		
Principal office address MUST BE A STREET ADDRESS	2 Willer Park	L, FL 3279	2		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered offi	ce address on our recor	ds, <u>enter the</u> name	of the new registe		
gent and/or the new registered office address here:	_				
Name of New Registered Agent: Set 5	uko W Day				
New Registered Office Address: 8504	8504 GiOVAWA CT OLL FL32836 Enter Florida street address				
	OPLAND	, Florida	32836		
Sam Division and American Street, 1981	City		Zip Code		
iew Registered Agent's Signature, if changing Registered Age	ent:				

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 = Ma $AMBR = Au$	anager athorized Member		
Title	<u>Name</u>	Address 21,85° 22, F1:12: 15	Type of Action
MGR	GARY Day	Address 21,115"22 F1112: 15 8009 LAKE Waundta l Winder Park FL 32792	_ ☑Add □Remove
			□Add
			□Remove
			□Change
			□Add
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an ef l <mark>ote:</mark>	tive date, if other the Tective date is listed, the last inserted in nent's effective date o	date mu: 1 this bl	st be specific a ock does not	nd cannot meet the	be prior to da applicable				filing.) Pursuant t	
recor Lis fi	rd specifies a delayed iled.	effectiv	re date, but n	ot an effe	ctive time,	at 12:01 a.m. (on the earl	lier of: (b) The 90th day	after the
ated	Nov-18-		7) /	·						
		<u> </u>	Signature of	kv U a member	or authorized	1 representative	of a memb	er		_
						me of signee				
				Typed	or printed n	me of signee		.		