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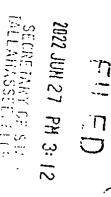
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HO	RNE
	SEP Z	1 2022

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CALIBERTATION	TANICALS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DESY SUTIKNO		
	•	Name of Person	
	DAYA BOTANICALS, L	LC	
		Firm/Company	
	521 KELLYGREEN DR		
		Address	
	ORLANDO, FL 32828		
		City/State and Zip Code	
	INFO@DAYABOTANICA		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
DESY SUTIKNO		407 802-0993	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DAYA BOTANICALS, LLC

company has been notified in writing of this change.

2022 JUH 27 PH 3: 12

(Name of the Limited Liability Company as it now appears or (A Florida Limited Liability Company)	SECRETARY OF DETAILS AHASSET, FLOR	
The Articles of Organization for this Limited Liability Company were filed on 1/5/20	22 and assigned	
Florida document number L22000012337		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our reco agent and/or the new registered office address here:	rds, enter the name of the new registere	
Name of New Registered Agent:		
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 cap provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Cha	duties, and I am familiar with and	

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DESY SUTIKNO	521 KELLYGREEN DR. ORLANDO, FL 32828	= Add
			□Remove
			□Change
			□Remove
			□Change
		***	□Remove
		□ Add	
			□Remove
			□Change
			□Add
			Remove
			□Change
		□Add	
			🗀 Remove
			□ Chanas

(If an et Note:	tive date, if other than the date of filing:
he reco	and 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 filed.
Dated	06/20/2022
	BUN'S
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Desy Sufficient