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## **COVER LETTER**

TO: Registration Section Division of Corporations

Division of Cor	porations				
	IS M SARD N/	A LLC			
SUBJECT:	-	Name of Lim	ted Liability Company		
The enclosed Articles of	Amendmentano	d fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concern	ing this matter	to the following:		
	DAYRELE	S M. SARDINA	١		
			Name of Person		
	DAYRELIS	M. SARDINA	, LLC		
			Firm/Company	_	
	7441 NW 6	TH ST			
			Address	•	
	PLANTATI	ION, FL. 33317	7-1001		
			City/State and Zip Code	e	<del></del>
		MESA@HOTM E-mail address: (0	IAIICOM o be used for future annua	il report notifica	ation)
For further information co	oncerning this n	natter, please co	all:	,	
DAYRELIS M. SARDIN	١٨		321 3: at ( )	31-3884	
Name of	f Person		Area Code	Daytime T	elephone Number
Enclosed is a check for th	ne following am	ount:			
□ \$25.00 Filing Fee	■ \$30.00 Fi Certifica	ling Fee & ate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	_			Address: ration Section	on

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT -TO ARTICLES OF ORGANIZATION OF

	YRELIS M SARDINA LLC	
(Name of the Limited I	liability Company as it now appears on our recor Florida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liabi Florida document number <u>L22000</u> 018149		and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
DAY WELLNESS LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address in the Name of New Registered Agent:	istered office address on our records, <u>ente</u> <u>nere</u> :	r the name of the new registere
New Registered Office Address:	Enter Florida street addr	ess
	,	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the region company has been notified in writing of this change in the region.	agent and agree to act in this capacity. I and complete performance of my duties, cred agent as provided for in Chapter 602 gistered office address, I hereby confirm	and Lam familiar with and 5. F.S. Or, if this document is
	If Changing Registered Agent, Signatur	e of New Registered Agent

If amendin or removed	g Authorized Person(s) I from our records:	authorized to manage, <u>enter the title, name, and a</u>	iddress of each person being add
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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