## L22000093288

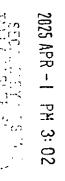
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Registration Section

TO:

## **COVER LETTER**

Division of Cor	porations						
DAYARIS	MUJICA LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	indence concerning this matter	to the following:					
	DAYARIS MUJICA MEL	LENDEZ					
		Name of Person		~-			
	DAYARIS MUJICA LLC		:	925 A SEC			
		Firm/Company		PR			
	9490 NW 41ST ST APT 4	29		2025 APR -1 PH 3: 02			
		Address	<del></del>	ENT S			
	DORAL, FL 33178			: 02			
		City/State and Zip Code					
	info@dayarismujica.com						
	E-mail address: (	to be used for future annual report not	ification)				
For further information c	oncerning this matter, please c	all:					
DAYARIS MUJICA MI	ELENDEZ	786 451-3735					
Name o	f Person	Area Code Daytin	ne Telephone Number	<del></del>			
Enclosed is a check for the	he following amount:						
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &			
Mailing Addres Registration	Section	Street Address: Registration Se					
Division of C P.O. Box 632	•	Division of Co The Centre of	•				
Tallahassee.		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAYARIS MUJICA LLC				
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on ARTI	CLE I	and assigned
Florida document number L22000093288	······································			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	:	
DAYARIS MUJICA MELENDEZ LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the desig	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:	9490 NW 41ST ST	APT 429	
Principal office address MUST BE A STREE		DORAL, FL 33178	3	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office addresed agent.  Name of New Registered Agent:	egistered office :	address on our reco		SECRE PART ON 3: O'Rew registered the Property of the Property
	9490 NW 41ST	Г ST АРТ 429		
New Registered Office Address:	, , , , , , , , , , , , , , , , , , , ,		street address	
	DORAL		Florida <sup>33</sup>	178
		Cîŋ:	, . 101104	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>	Name	Address	Type of Action
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