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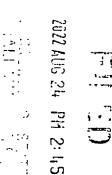
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Daisyand Oliv	ver LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mich	ael Benavide Name of Person	25
	Daisy	and Oliver LLC	
	1572 Newco	astle Way	
		Address	
	Pensacola	FL 32534 City/State and Zip Code Prealty@gma to be used for future annual report noti	
		City/State and Zip Code	1
	F-mail address: 1	prealty @ 9 ma	(L. COM
For further information of	concerning this matter, please of		neation,
-			2 - 6 \
	Benavides	at (850) 723 Area Code Daytim	3- 2757
Name (f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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

Daisyand OI	iver, LLC	2022 AUG 24 PH 2: 45
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number \(\begin{align*} \paraboldrightarrow \text{3.000 a S} \end{align*}		6/6/22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit Daisy and Olive The new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name of the limit new name new name of the limit new name new		
Enter new principal offices address, if applicable:	masmy company, and s	organicon inte of the above failor 171c.
(Principal office address MUST BE A STREET ADDR	 RESS)	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our r	ecords, enter the name of the new register
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Flor	ida street address
		, Florida Zip Code
	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 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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			DAdd
			□ Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□ Remove
 			□ Add
			□Remove
			□ Chance

	
	
(If an effective Note: If t	date, if other than the date of filing:
he record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	August 21 2022
	4 ⁵ 1)
	Signature of a member or authorized representative of a member