## L22000366006

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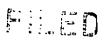
## **COVER LETTER**

TO: Registration S Division of Co	•		
Daily Life	Deals LLC		
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Victor Jaramillo		
		Name of Person	
	Daily Life Deals		
		Firm Company	
	240 COLLINS AVE #2D		
	<del></del>	Address	
	MIAMI BEACH, FL 3313	9	
	info.dailylifedeals@gmail.co	City/State and Zip Code om to be used for future annual repor	t notification)
For further information	concerning this matter, please ca	•	THORICALOH)
Victor Jaramillo		786 569640	5
Name	of Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Addre	<del></del>
Registration Division of 0	Section Corporations	Registration Division of	a Section Corporations
P.O. Box 63	-		of Tallahassee

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Daily Life Deals, LLC

2022 NOY 22 PM 1

(Name of the Limited Line (A Flor	<u>ounv Company as it now appears on our re</u> rida Limited Liability Company)	coras.) Selvine in page
	08/19/2022	TALLILL JOLE, F
The Articles of Organization for this Limited Liability	y Company were filed on output	and assigned
Florida document number L22000366006	<del></del> ·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	<del> </del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registe	red office address on our records, et	nter the name of the new register
agent and/or the new registered office address here		
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:		
TOW REGIME CO. VITTOE THAT C.R.	Enter Florida street ac	idress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist	d complete performance of my dutie. I agent as provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
company has been notified in writing of this chang	· · · · · · · · · · · · · · · · · · ·	· ······

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MBR	Lina M Pinzon	1400 Salzedo St #101	□Add
		Coral Gables Fl 33134	■Remove
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			□Add
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		<del> </del>	Change
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reffective date is listed, to te: If the date inserted	he date must be speci 1 in this block doe:	ific and cannot be prisoner the app	ior to date of filing o licable statutory fi	· more than 90 days after 1 ling requirements, this	iling.) Pursuant to 605.0207 date will not be listed as
ument's effective date					
cord specifies a delayers filed.	ed effective date, b	ut not an effective	time, at 12:01 a.r	n. on the earlier of: (b)	The 90th day after the
s med.					
ed Novvember 17th		2022			
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<del></del>		17 17 7 - 7 - 7 - 7 - 7 - 7 - 7	<del></del>	<del></del>	
<del></del>	Signatur	e of a member or au	thorized representat	ive of a member	