

(Requestor's Name)
(Address)
(Address)
( waster),
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine (Collinger))
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600422393706

01/24/24--01009--013 \*\*30.00



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Days Gone By Land Service ,LLC		•	
(Name of the Limite	d Liability Comp: A Florida Limited	any as it now appears on our Liability Company)	records.)
he Articles of Organization for this Limited Lia	bility Company	were filed on 7/27/2023	and assigned
lorida document number L23000311606			
his amendment is submitted to amend the follow	wing:		
. If amending name, enter the new name of	the limited liab	oility company here:	
I/A			
ne new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	<u></u>
Principal office address MUST BE A STREET	ADDRESS)		
			•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	· <u>·</u>
			· ·
. If amending the registered agent and/or regent and/or the new registered office address	~	address on our records, g	enter the name of the new registo
Name of New Registered Agent:	N/A		<del></del>
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 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address **	Type of Action
MGR	Hunter Ganion	2652 Backyard Cove	<b>=</b> Add
		Green Cove Springs, FL	□Remove
			Change
			□Add
			🗀 Remove
			□Change
			□Add ·
			□Remove
			Change .
		<del> </del>	
		<del>-</del>	Remove
			□Change
			□Add
			□Change
	<del> </del>		🗆 Add
			Remove
			□ Change

Please add my name, Hunt	Ganion, to the authorized member portion of the cert	ificate.
<u> </u>		
<u>-</u>		
	<del></del>	
<del></del>	·	<u> </u>
-		<del></del>
	***	
	1/16/2024	
Effective date, if other than t	e date of filing:	(optional)
t an effective date is listed, the date t Note: If the date inserted in this	ist be specific and cannot be prior to date of filing or more that slock does not meet the applicable statutory filing requ	in 90 days after filing.) Pursuant to 605.0207 irrements, this date will not be listed as
document's effective date on the		
	ve date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
d is filed.		
1/16	2024	
Dated	· · · · · · · · · · · · · · · · · · ·	
A	h. L. chain	
<u> </u>	Signature of a member or authorized representative of a n	nember
	Hunter Ganion	
	riunter Ganton	Lendalble

KENDALL L. KIRK

Notary Public State of Florida Comm# HH436145