

L24000301240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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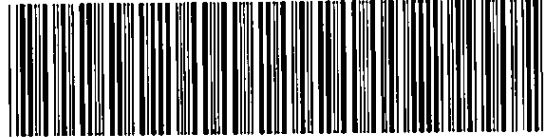
(Business Entity Name)

(Document Number)

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**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 10/15/2024

Acc#120160000072

*W: C D W*

Name:	Daily Dose Enterprises, LLC
Document #:	
Order #:	15922824

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Amount: \$ **55.00**

Thank you!

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAILY DOSE ENTERPRISES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darlene Aumer, Senior Paralegal

Name of Person

Eversheds Sutherland (US) LLP

Firm/Company

999 Peachtree Street NE, Suite 2300

Address

Atlanta, GA 30309

City/State and Zip Code

darleneaumer@eversheds-sutherland.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene Aumer

404

853-8571

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

FILED

DAILY DOSE ENTERPRISES, LLC

2024 OCT 15 AM 9:46

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/01/2024 and assigned  
Florida document number L24000301240.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

1688 Meridian Avenue

Suite 600 & 700

Miami Beach, FL 33139

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1688 Meridian Avenue

Suite 600 & 700

Miami Beach, FL 33139

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

*City*

Florida 33324

*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.*

/s/ David westcott, David westcott, Asst. secty.

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Thomas A. Moran	Unit G1, Waulk Mill, 51 Bengal St.	<input checked="" type="checkbox"/> Add
		Manchester M4 6LN England	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 15, 2024

**- Signed by:**

Thomas A. Moran

2019年12月29日

Signature of a member or authorized representative of a member

Thomas A. Moran

Typed or printed name of signee

E1.055 -12/16/2021 Walters K/Lwer Online