L24000354869

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SECRETAKT OF STATE TALLAHASSEE, FL



COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	ydee's Monage of Limit	VIA Q ted Liability Company	·		
	Amendment and fee(s) are submedence concerning this matter to	·			
	_Dionne	Name of Person			
	Jaydee 's	Name of Person Maying Firm/Company			
	7690 NO	W. 13 AVE Address		2924 AI SECR TAI	هد. و
	Miani, F	7. 33147 City/State and Zip Code		JG 26 P ETARY O LAHASS	1
For further information c	Dewey ho E-mail address: (to oncerning this matter, please ca	und 1 @ amail , o be used for future afridal report notific	Comation)	2024 AUG 26 PH 4: 49 SECRETARY OF STATE TALLAHASSEE, FL	ŗ
		a(754)_244-	- 0392 Telephone Number		
Enclosed is a check for th	ne following amount:				
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	of Status & opy	
Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	ion		

Division of Corporations P.O. Box 6327 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

Daydee's M	loving LLC		
(<u>Nazhe of the Limited Liability C</u> (A Florida Lin	ompany as it nbw appears on our nited Linbility Company)	records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on $08/$	13/2024 and assigned	
Florida document number <u>L24000354869</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u></u>		-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of		2024 AUG 26 PI SEDRETARY C	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records,	enter the name of the new rogiste	<u>reg</u>
Name of New Registered Agent:			=
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 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
M <u>BR</u>	John S. Lollar	250 SW 14 St Dania Lely	FI. Dad
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	AAS ST	
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Effective date, if other than the date of If an effective date is listed, the date must be spectified. If the date inserted in this block doe document's effective date on the Department.	of filing: 08,22,2024 (optional) cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 es not meet the applicable statutory filing requirements, this date will not be 1	605.0207 (3)(b)
ne record specifies a delayed effective date, bord is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
Dated 08, 72, 2024 Signatur	are to a member or authorized representative of a member	
Dionne	/ alla -	

Filing Fee: \$25.00