## P2000009271)

(Requestor's Name)	_
(Address)	—
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 \* Tallahassee, Florida 32301 (850) 224-8870 \* 1-800-342-8062 \* Fax (850) 222-1222

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JDAY INVESTMENTS LLC	
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	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
•	Vehicle Search
<del></del>	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	— UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## Articles of Amendment to Articles of Incorporation of

IDAY	INIVES	TMENTS	INC

(Name of Corporation as current	ily filed with the Florida Dept. of State)
20000092711	
(Document Number of	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	The new
ame must be distinguishable and contain the word "corporation," ' Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
s. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	X//A 200
<ol> <li>If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address</li> </ol>	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s  New Registered Office Address:	(Ciny) Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	
	/M
Signature of New	Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u> </u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D/P	YONE M BOCCARDO STEFANI	20281 E COUNTRY CLUB DR
X Add			#2114
Remove			AVENTURA, FL 33180
2) Change	D/P	MILAGROS M MUNOZ	20281 E COUNTRY CLUB DR
Add	<del></del>		#2114
X Remove 3) Change			AVENTURA, FL 33180
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Damous			

amending or adding add tach additional sheets, if r	ecessary). (Be sp	ecific)				
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an amendment provide	s for an exchange, i	eclassificatio	n, or cancellatio	n of issued shar	res.	
provisions for implemen	ing the amendmen	t if not conta	ined in the amer	dment itself:	<del></del>	
(if not applicable, ind	cale N/A)					
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The date of each amendment(s)	doption:	[3 ] [7]	, if other than the
date this document was signed.	• ———		
-		NIA	
Effective date if applicable:	<del></del>	/ / / / /	
	(no more the	an 90 days after <mark>amendment</mark> fi	le date)
Note: If the date inserted in this document's effective date on the D			irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were as action was not required.	lopted by the incorporators	, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were		The number of votes cast for	the amendment(s)
☐ The amendment(s) was/were a must be separately provided for			
"The number of votes can	st for the amendment(9) was	s/were sufficient for approval	
by	NIA		,,
-, <u></u>	(voting group)		
<b>5</b> 1	11/2/20	/	/
Dated		A	L
Signature	$-\!$		
		officer - if discours or office	
		in the hands of a receiver, tru	stee, or other court
appo	inted fiduciary by that fiduc	iary)	
	YONE M BOCCARDO	STEFANI	
	(Typed or pri	nted name of person signing)	
	President		
	(Title of perso	on signing)	