10200000 464

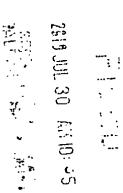
(1	Requestor's Name)			
	Address)			
	Address)			
(1	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			

Office Use Only



300332484823

07/30/19--01019--017 **29.00



Y SULKER AUG 0 5 2019

COVER LETTER

Divi	ision of Cor	porations				
SUBJECT:	McDirmit Davis, LLC					
SUBJECT:		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Troy Olson				
			Name of Person			
		McDirmit Davis, LLC				
			Firm/Company			
		934 North Magnolia Ave.	Suite 100			
			Address			
		Orlando, FL 32803				
		City/State and Zip Code				
		tolson@mcdirmitdavis.com E-mail address: (to be used for future annual report not	ification)		
For further in	nformation c	oncerning this matter, please ca	all:			
Troy Olson			407 843-5406			
	Name o	f Person		ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling 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)		
		ING ADDRESS: ation Section	STREET/COUR Registration Section			

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McDirmit Davis, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{1/3/2002}{}$ _____ and assigned Florida document number L02000000464 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the namezof registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Troy Olson	934 N. Magnolia Ave, Suite 100 Orlando, FL 32803	
			□ Remove
			□ Change
AMBR	Maria Novotny	934 N. Magnolia Ave, Suite 100 Orlando, FL 32803	Add
			Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			
			□ Remove
		<u>. </u>	Change
			□ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e: Note:	December 16, 2013 tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 10g L Dh
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00