Electronic Filing Cover Sheet Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Email Address:__

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAVV, LLC

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18/18/

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVV, LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records. orda Limited Liability Company)	.)
The Articles of Organization for this Limited Liabili Plorida document number L21000277106	ity Company were filed on 06/14/2021	and assigned
This amendment is submitted to amend the followin	g:	
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 AI	DDRESS)	75 ×
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u></u>	FILE 21 JUN 23 PM CORE TARK OF S LAHASSEE, FL
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, address here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
_	Flo	rida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Talen Tchalikian	7901 4th St N STE 300	
		St. Petersburg, FL 33702	Remove
			☐ Change
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			☐ Change
			
			□ Remove
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