# L04000021658

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### **COVER LETTER**

Division of Co	rporations		
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300arc, r,	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for Clina	
	ondence concerning this matter		
	sidence concerning this matter	to the following.	
	Jerry Davis		
		Name of Person	·
	Jerry Davis Construction.	LLC	
		Firm/Company	
	7929 Ashnick Lane		
		Address	
	Laurel Hill FI. 3256	7	
	tbshomeoffice@gmail.com	City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please co	all:	
Jerry Davis		850 612-5316	
Name o	r Person	at ()	Telephone Number
Enclosed is a check for th	ne 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		Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

Jerry Davis Construction LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 03/22/04	and assigned
Florida document number L04000021658	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
'he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1821/25
		-A
		j.
3. If amending the registered agent and/or registered	d office address on our records, <u>enter th</u>	e name of the new regis
gent and/or the new registered office address here:		1,100
		. 09
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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>	Name	<u>Address</u>	Type of Action
MGRM	Christopher Kerns	4704 Liveoak Church Rd	□ Add
		Crestview, FL 32539	=Remove
			□Change
MGRM	Jonathan Edge	1299 John Riley Barnhill Rd	<b>=</b> Add
		Baker, FL 32531	□Remove
		<del></del>	□Change
			DAdd
			□Remove
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			□Add
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	ust be specific and cannot be prior to date of filing block does not meet the applicable statutory.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)(filing requirements, this date will not be listed as the
If the record specifies a delayed effecti record is filed.	ive date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after the
Dated January 20	2021	
	Constitute of a member or authorized representa	

Typed or printed name of signee