

LO5000039487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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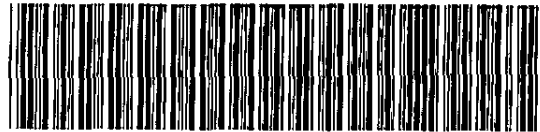
(Business Entity Name)

(Document Number)

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LO5-39487
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Davis Disability Resources, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Henria Davis

(Name of Person)

Henria Davis, LLC

(Firm/Company)

914 W. Woodlawn Ave

(Address)

Tampa, FL 33603

(City/State and Zip Code)

For further information concerning this matter, please call:

Henria Davis

(Name of Person)

at (

813

) 221-8658

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Davis Disability Resources, LLC

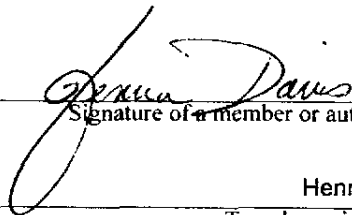
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 04/19/2005 and assigned document number L05000039487.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

Change of Name to: Henria Davis, LLC

Dated June 25, 2005.



Signature of a member or authorized representative of a member

Henria Davis

Typed or printed name of signee

Filing Fee: \$25.00

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