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EXAMINER



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SECRETARY OF STUDE ON VISION OF COLUMN STUDEN

COVER LETTER

TO:	Registration S Division of Co			
SUBJ	FCT·	DAV	IE2005, LLC	
oom.			ited Liability Company	•
The en	iclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
		The Dary Organiz	ation, Inc.,MGRM, PAUL H. Name of Person	BACH, P/D
			DAVIE2005, LLC	
			Firm/Company	A CONTRACTOR OF THE CONTRACTOR
			P. O. BOX 934762	
		,	Address	
		•	MARGATE, FL 33093	
•			City/State and Zip Code	
		F-mail address:	ohbach@comcast.net (to be used for future annual report notifi	cation)
For fur	rther information	concerning this matter, please	-	
	.PA	AUL H. BACH	at (954)	652-9744
Name of Person			Area Code & Daytime	e Telephone Number
Enclos	sed is a check for	the following amount:		
₽ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVIE2	005, LLC			<u></u>
(Name of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on	APRIL 27, 2005	and	assigned
Florida document numberL05000041342				•
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company h	ere:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Com	pany," the designation "LI	LC" or t	he abbreviatio
Enter new principal offices address, if applicable:		a,		
(Principal office address MUST BE A STREET ADDRESS)			- 6	<u> </u>
			_ <u>=</u>	SEC
Enter new mailing address, if applicable:	P. O. BOX 9	34762	5	
(Mailing address MAY BE A POST OFFICE BOX)	MARGATE,	FL 33093		<u>.</u>
			فَ	***
			7	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter th	ie nam	e of the ne
registered agent and/or the new registered ornice address no	<u>16</u> .			
Name of New Registered Agent:				
New Registered Office Address:		771 1		
	L	Inter Florida street addr	ess	
	City	, Florida	Zip C	oda.
	$\cup ny$		Zip C	CHIC

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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM - N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	The Dary Organization, Inc	6260 MARGATE BLVD., SUITE B MARGATE, FL 33063	✓ Add Remove
MGRM	ECATS, INC	6260 MARGATE BLVD., SUITE B MARGATE, FL 33063	Add Remove
-14-12-2			Add Remove
			Add Remove
			Add Remove
			Add Remove
		ge(s) here: (Attach additional sheets, if necessary. s Avenue, Fort Lauderdale, FI 33309	
	ld Mailing Address: 5316 N. Andre New Mailing Address: P.O. BOX 9	ews Avenue, Fort Lauderdale, Fl 33309 34762, Margate, Florida 33093	
Dated	Pau	009 14 Sadu	
	The Dary Organization, Inc.	er of Authorized representative of a member , MGRM, PAUL H.BACH, President/Direct d or printed name of signee	ctor

Page 2 of 2

Filing Fee: \$25.00