

L010000004957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

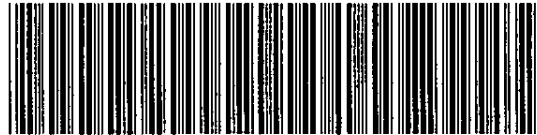
Special Instructions to Filing Officer:

**L. SELLERS**

AUG -3 2009

**EXAMINER**

Office Use Only



400158455364

07/15/09--01019--016 \*\*25.00

**FILED**  
09 JUL 31 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DAVENPORT ENTERPRISE 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:

ROY T. DAVENPORT

Name of Person

DAVENPORT ENTERPRISE LLC

Firm/Company

P.O. BOX 564

Address

INDIAN ROCKS BEACH, FL 33785

City/State and Zip Code

tomdavenport11@gmail.com (gmail.com)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROY T. DAVENPORT

Name of Person

at ( 727 ) 742-3525

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)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2009

ROY T. DAVENPORT  
P.O. BOX 564  
INDIAN ROCKS BEACH, FL 33785

SUBJECT: DAVENPORT ENTERPRISE LLC  
Ref. Number: L06000064957

We have received your document for DAVENPORT ENTERPRISE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed are the forms needed to make all the changes you have requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 609A00024479

**FILED**  
**09 JUL 31 AM 11:09**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**DAVENPORT ENTERPRISE 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 JUNE 27, 2006 and assigned Florida document number LO6000064957.

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 end with 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 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 name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ROY T. DAVENPORT

New Registered Office Address:

107 13th AVENUE SUITE B

*Enter Florida street address*

INDIAN ROCKS BEACH, Florida  
*City*

33485  
*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 608, F.S. 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.

Roy T. Davenport  
If Changing/Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE ADDRESS FOR MANAGER

ROY T. DAVENPORT

P.O. BOX 564

INDIAN ROCKS BEACH, FL 33785

Dated JULY 25, 2009

Roy T. Davenport

Signature of a member or authorized representative of a member

ROY T. DAVENPORT

Typed or printed name of signee

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09 JUL 31 AM 11:09  
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TALLAHASSEE FLORIDA