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SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. THOMAS

MAR - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Davistre 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:	
Dave Whetzel (Name of Gerson) Davestine, LLC (Firm/Company) Po Box 430228 (Address) Big Pine Ku, H 33043	يستان وسيتي
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Dave Whetzel at (305) 766-3434 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Davestine.	الد	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appe Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOG 000 107292</u> .	were filed on	11 6 06 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	19. SE
(Principal office address MUST BE A STREET ADDRESS)		DAR THE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	OF STATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)
<u></u>		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	1	
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp		

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 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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Sandra Whetel
Wayne Stephens ☐ Add Remove MGRM Remove Remove 🕏 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated or authorized representative of a member Due Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00