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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

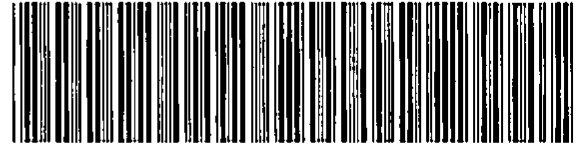
(Document Number)

Certified Copies _____

Certificates of Status _____

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JUN 11 2019
CLERK

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JUN - 4 2019

May 12, 2019

To whom it may concern,

Please accept this Amended Articles of Organization and attached forms, changing the company name. The present name of the company is Dave and Daina LLC. Document number L07000109630. The following is the amendment of Articles of Organization.

Article I

The name of the Limited Liability Company is:
DAVE AND DIANA LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4214 PACKARD DRIVE
JACKSONVILLE, FL 32246

Article III

The mailing address of the Limited Liability Company is:
4214 PACKARD DRIVE
JACKSONVILLE, FL 32246

Article IV

The name and Florida street address of the registered agent is:

BUTTERFIELD, DIANA L
4214 PACKARD DRIVE
JACKSONVILLE, FL 32246

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: *Diana Butterfield*

Your assistance is appreciated.

David W. Butterfield
David W. Butterfield
4214 Packard Drive
Jacksonville, FL 32246
904 923 2707

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dave and Daina 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:

David W. Butterfield

Name of Person

Dave and Diana LLC

Firm/Company

4214 Packard Drive

Address

Jacksonville, FL 32246

City/State and Zip Code

Daveanddiana@att.net

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

For further information concerning this matter, please call:

Diana Butterfield

904 708-9585
at ()

Name of Person

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

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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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
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