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SECRETARY OF STAIL

B. KOHR

APR 15 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	ction porations		•
SUBJECT: DAVCO	MMERCIAL ACQU (Name of Lim	ISITIONS, LLC ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	OS APR 13 M IST IN
	AnnaKaye Williams, Esq	1.	
	,,,,,,,	(Name of Person)	SA TO THE PARTY OF
	Law Offices of AnnaKayo	e Williams, P.A.	Try B
		(Firm/Company)	
	49 NW 17 Street		
		(Address)	,
	Homestead, FL 33030	•	
		(City/State and Zip Code)	·
For further information co	oncerning this matter, please c	all:	
AnnaKaye Williams		at (305) 248-6400	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e 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)
BA A TI I	NC ADDRESS.	CTDEET/COUDIED	A BBDECC.

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

DAVCOMMERCIAL ACQUISITIONS, 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 Lial	bility Company were filed on 7/21/08	and assigned	
Florida document number L08000069862	·	A PARTY	
This amendment is submitted to amend the follow	ving:	555	
A. If amending name, enter the new name of t		E FLORE S	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	e designation "LLC" or abbreviation	
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered officers.		cords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Flo	orida street address)	
	, Florida		
	(City)	(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. 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HOLGUIN, JUAN E.	151 OPA LOCKA BLVD. OPA LOCKA, FL 33054	Add Remove
MGRM_	DIAZ, JOHN	151 OPA LOCKA BLVD. OPA LOCKA, FL 33054	■7 Add ■ Remove
MGRM	DIAZ, JIMMY	151 OPA LOCKA BLVD. OPA LOCKA, FL 33054	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if n	ecessary.)
_			
_			
Dated APR	IL 9 August Signature of a r	2009 A CONTROL OF A MEMBER OF	
	AnnaKaye William	Typed or printed name of signee	
		- 2 bear of brunea manie of pigues	•

Page 2 of 2

Filing Fee: \$25.00