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SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor		·	·
_{subject:} Dave	enport Realty C	Froup, LLC	
SUBJECT:		ited Liability Company	
			,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael W.	Davenport	
		Name of Person	•
	Davenport F	Realty Group, LL	С
		Firm/Company	
	PO Box 301	1	
		Address	
	Oneco, FL 3	34264	
		City/State and Zip Code	······································
	davenportrg@ya	hoo.com to be used for future annual report notifi	cotton
For further information of	oncerning this matter, please co	•	reauti)
Michael Da	venport	941.447-6	610
Name o	f Person	aı (Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURT	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

OF

2014 FEB 20 PM 12: 09

Davenport Realty Group, LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 L Florida document number L08000101567	Liability Company were filed on 11/10/2008	and assigned
Florida document humber		
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation "LI	_C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ANNDESS	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
	-	
B. If amending the registered agent and registered agent and/or the new registered o	lor registered office address on our record	is, enter the name of the new
registered agent and/or the new registered o	mitte address here.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	<u></u>
	City , F	lorida 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	Karen M. Pfeiffer, Broker	3230 Southgate Cirle #1	20 _{■ Add}
		Sarasota, FL 34239	Remove
			Remove
			□ Add
			□ Remove
			
			Add
			□ Remove

fective date must be specific, cannot be prior to date of receipt o	(optional) or filed date and cannot be more than 90 days after
tive date, if other than the date of filing: fective date must be specific, cannot be prior to date of receipt of ate this document is filed by the Florida Department of State) February 16 2014	or filed date and cannot be more than 90 days after
Fective date must be specific, cannot be prior to date of receipt of ate this document is filed by the Florida Department of State) Tebruary 16 2014	or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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