LO8000113059

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUBJE	·CT·			
SODSE		Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter t	to the following:	
		John J. Davis CPA		
			Name of Person	
		John J. Davis CPA PL		
			Firm/Company	
		28901 Trails Edge Blvd #2	05	
			Address	
		Bonita Springs FL 34134		
			City/State and Zip Code	· · ·
		jdavis@johndaviscpa.com		
		E-mail address: (t	o be used for future annual report notific	cation)
For furt	ther information c	oncerning this matter, please ca	ll:	
John J.	Davis		239 444-5945	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
B \$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joint J. Davis CFA FL		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L018000113059	oility Company were filed on December 11, 2008	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC) B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our records, ent	
	Enter Florida street address	
	, Florida	7in Code
New Registered Agent's Signature, if changing Reg	•	Lip Cout
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further and complete performance of my duties, and Factorial agent as provided for in Chapter 605, F.S. eagistered office address, I hereby confirm that the	n fan liar with and Dr, if his document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stephen J. Minosky CPA	400 5th Ave S. Stc 301, Naples FL	
			□ Remove
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			CRE CRE
			Remov.
			Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, ij	j necessa	ry.)		
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Effectiv	e date, if other than the date of filing: 07/01/2015	(optiona	I)		
(If an effect Note: I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day the date inserted in this block does not meet the applicable statutory filing requirement it's effective date on the Department of State's records.	s after filin	g.) Pursu	ant to 605 ot be liste	.0207 (3)(ed as the
	ord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.	:01 a.m	. on th	e earlie	er of:
Dated _	9/30 2015				
Duitou _					
	Signature of a member or authorized representative of a member	H _O	- <u>52</u>		<i>*</i>
	John J. Davis CPA	ECRE	23	77	
	Typed or printed name of signee	ASS	0 -5		
	Page 3 of 3	Y OF S	ס		•
	Filing Fee: \$25.00	£ E E	W		1.3