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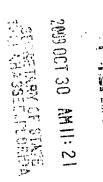
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T. CLINE

NOV - 2 2009

EXAMINER

COVER LETTER

Division of C	orporations				
SUBJECT:	PM	Davis LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		Philip C Davis Jr		_	
		Name of Person			
		PM Davis LLC		_	
		Firm/Company		_	
		911 Ave S SE			
		Address			
•	w	inter Haven, FL 33880		ZEUS OCT 30 AM II: 2 PALLANSSELLISÄÄ	ermenten Sesanden S
		City/State and Zip Code			9
	PM	DavisLLC@Gmail.com			المعدس
	E-mail address: (to be used for future annual report	notification)	N same	19.22
For further information	concerning this matter, please	call:		21	
	Philip Davis	at (_863)	286-5499		
Name	of Person		aytime Telephone Numbe	er	
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 encl	losed) Certifie	ate of Status &	d)

MAILING ADDRESS:

TO:

Registration Section

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

	PM Davis LLC			
(<u>Name of the Limited Liabi</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	01/14/2009	and assigned	l
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	any," the designation	P 213 175	viation
Enter new principal offices address, if applicable:			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	POS 408
(Principal office address MUST BE A STREET AD	DRESS)			in the second
			Carlo Comment	4 W 1
			Control of the contro	i, and
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regressivered agent and/or the new registered office ac	istered office address on Idress here:	our records, <u>enter</u>	the name of the	new
Name of New Registered Agent:				
New Registered Office Address:				
	Er	nter Florida street ad	ddress	_
		, Florida _		
"	Citv	-	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	Managing Member		
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u></u>			Add
			Remove
			Add
			Remove
			Add Remove
			Add Remove
			Wellove Williams
			Add Remove
			Add Remove
). If amen	ding any other information.	enter change(s) here: (Attach additional she	rets if necessary)
		nally change the percentage of owners	
P	M Davis LLC, to Melissa	M Davis owning 60% and Philip C Da	avis Jr
01	wning 40%.		
_			
 Pated	October 27	, 2009 .	
		eu-	
	Signatur	e of a member or authorized representative of a me	ember
		Philip C Davis Jr	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00