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DIVISION OF CORPORATION

T. HAMPTON
APR \$ 9 2010

EXAMINER

## **COVER LETTER**

TO:	Registration Sec Division of Corp		, , ,			
SUBJI	ECT:	DAVNA E	Interprises, LLC			
			ed Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for tiling.			
Please	return all correspor	ndence concerning this matter	to the following:			
			Danna Jean Olivo Name of Person			
		DA	VNA Enterprises, LLC			
Firm Company						
		10151	University Blvd., Suite 346			
Address						
		0	rlando, Florida 32817			
		/ W P - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	City/State and Zip Code			
			dolivo@davna.com			
		E-mail address; (t	o be used for future annual report notifical	(ton)		
For fu	rther information co	oncerning this matter, please c	all:			
	Da	nna J Olivo	at ( 407 ) 40	05-6410		
	Name of	Person	Area Code & Daytime T	'elephone Number		
Enclos	sed is a check for th	e following amount:				
<b>₽</b> \$2.	5.00 I iling Fee	S30.00 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 Tallabassee, 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

	AVNA Ente	erprises, LLC			
( <u>Name of the Limited</u> (A	l <b>Liability Comp</b> : A Florida Limited	any as it now appear: Liability Company)	s on our records.)		
The Articles of Organization for this Limited L	iability Compan	y were filed on Sep	otember 14th, 2009	9_ and assigned	
Florida document numberL0900008	8413				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited lia	bility company ber	<u>r</u> :		
The new name must be distinguishable and end winLLLC."	th the words "Lin	nited Liability Compa	ny," the designation "LI	C" or the abbreviation	
Enter new principal offices address, if applic	rable:	N 4 - 1884 4-88-8-8-8-8-7-1-1-1-1-1-1-1-1-1-1-1-1-1-		<u> </u>	
(Principal office address MUST BE A STREI	ET ADDRESS)			<b>76</b> 386 <b>A</b> 08	
				PR 22	
Enter new mailing address, if applicable:		sity Blvd., Suite 34			
(Mailing address MAY BE A POST OFFICE BOX)			da 32817	مدادات مشد	
				35	
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:	Danna J O	livo			
New Registered Office Address:	9437 Belm	ont Terrace			
	Enter Florida street address				
		Oviedo	, Florida	32765	
		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, <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 Title Name **Address Type of Action** MGRM David Olivo 9437 Belmont Terrace .□ Add Oviedo, Florida 32765 Remove MGR David Olivo 9437 Belmont Terrace Oviedo, Florida 32765 **☑** Add Remove ☐ Add ☐ Remove ☐ Add Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) We are amending the ownership percentage breakout as reflected below: Danna Jean Olivo - 100% David Olivo - 0% April 18 2010 Dated \_\_\_\_\_ Signature of a member or authorized representative of a member Danna Jean Olivo Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00