L1000014476

| (Requestor's Name) | | | |
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| | | | |
| (Ad | ldress) | | |
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| (Ad | ldress) | | |
| | | | |
| (Ci | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| | | | |
| (Do | ocument Number) | | |
| Certified Copies | _ Certificates | of Status | |
| | | | |
| Special Instructions to | Filing Officer: | | |
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EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | | | |
|--|----------------------------------|---|---|-------------------------------------|--|
| SURII | rct. | Davis and D | avis Holdings, LLC | | |
| SUBJECT: | | | ited Liability Company | | |
| | | • | | | |
| The en | closed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | |
| Please | return all corresp | ondence concerning this matter | to the following: | | |
| | | | Shanaya A. Davis | | |
| | | | Name of Person | | |
| David and Davis Holdings, LLC | | _C | | | |
| | | | Firm/Company | | |
| 3134 Ashgrove Road | | | | | |
| | Address | | | | |
| | | ءا. | acksonville, FL 32226 | | ZHLI SEI |
| | | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | | ZOLI OCT SECRET |
| | | davis | _davis1893@yahoo.co | m | ်ဂ္≧ှ ၊ |
| For fu | ther information | concerning this matter, please of | • | nomication) | 3 AM IQI 59 RY OF STATE SEE. FLORIDA |
| | D | allina Callinan | 004 | 000 0514 | TATE ORID/ |
| | | olline Sullivan | at (904) Area Code & Da | 382-6514 aytime Telephone Number | × · · · • |
| | | | | | |
| Enclos | sed is a check for | the following amount: | | | |
| \$25 | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enc | losed) Certified C | of Status & |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Registration S Division of C Clifton Buildi | orporations ng /e Center Circle | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Davis and | Davis Holdings, Ll | _C | <u>. </u> | _ | |
|--|---|-----------------------------|--|-----------|----------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appea Limited Liability Company) | rs on our records.) | | | |
| The Articles of Organization for this Limited Liability (| Company were filed on | 02/05/2010 | and | assigno | ed |
| Florida document number L10000014476 | <u>_</u> . | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the lim | ited liability company he | <u>re</u> : | | | |
| The new name must be distinguishable and end with the wo "L.L.C." | rds "Limited Liability Compa | any," the designation "L | LLC" or | the abbro | eviation |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | <u> </u> | 2011 | |
| | | | <u>></u> ≥30 | 130 | |
| | | | TAR | - | CZYMINA. |
| Enter new mailing address, if applicable: | <u></u> | | SEX Y | ယ် | - |
| (Mailing address MAY BE A POST OFFICE BOX) | | | OF S | | TT: |
| | | | STAT | | Time! |
| | | | DA | 00 | |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add | | our records, <u>enter t</u> | he nam | ie of th | е пем |
| registered agent and/or the new registered office add | ress nere. | | | | |
| Name of New Registered Agent: | | | | - | |
| New Registered Office Address: | | | *************************************** | | |
| | En | nter Florida street add | ress | | |
| | | , Florida | | | |
| | City | | Zip C | 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> | Address | Type of Action |
|--------------|-----------------------------------|---|---|
| MGR | John W. Davis jr. | 3134 Ashgrove Road Jacksonville, FL 32226 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add TipRediave |
| D. If amen | ding any other information, enter | change(s) here: (Attach additional sheets, if necessary | OCT -3 MIII: 00 RETARY OF STATE AHASSEE FLORIDA |
| | September 29 | 2011 | |
| | l_ | nember or authorized representative of a member | |
| | - | Shanaya A. Davis | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00