(Re	equestor's Name)					
(Ad	dress)					
(Ád	ldress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations						
		Davis Realty LLC				
SUBJE	CT:		Name of Limi	ited Liability Co	mpany	
The enc	losed A	rticles of A	Amendment and fee(s) are sub-	mitted for filing	,	
			idence concerning this matter	i		
			David Davis			
				Name of	Person	
			Davis Realty LLC			
				Firm/Co	npany	
			10335 123rd Avenue			
	Add			Addre	ss	
			Largo, FL 33773			
		•		City/State and	Zip Code	· · · · · · · · · · · · · · · · · · ·
			davidjondavis@gmail.com			
			E-mail address: ()	to be used for fut	ure annual report notific	cation)
For furt	her info	rmation co	ncerning this matter, please ca	ıll:		
			727 at (307-7177		
		Name of	Person		Code Daytime	Telephone Number
Enclose	d is a cl	heck for the	e following amount:			
\$25	.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certifice (additional		☐ \$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/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Davis Realty LLC (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 Liability Company were filed on $\frac{03/24/2010}{1}$ and assigned Florida document number 110000039726 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Address Type of Action** Name Mary H. Davis 10335 123rd Avenue MGR _■ Add Largo. Fl. 33773 ☐ Remove ☐ Change 10335 123rd Avenue AMBR David Davis □ Add Largo, FL 33773 _□ Remove ■ Change □ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
	
	A Pres
	JAN 5
	SEE.FLO
E. Effective date, if other than the date of filing:	(optional)
Note: If the date inserted in this block does not meet the applicate document's effective date on the Department of State's records.	o date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) ble statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated January 3	.) .
Signature of a member or author DAVID DA	ized representative of a member
Typed or printed	name of signee

Page 3 of 3

Filing Fee: \$25.00