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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Decument Number)				
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Davis Constr	uction Alliance, LLC		
	Name of Limi	ted Liability Company	 	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Lance N. Davis		
		Name of Person		
Davis Construction Alliance, LLC				
		Firm/Company	,	
5192 S.E. 39th Loop				
Address				
Ocala, Florida 34480				
		City/State and Zip Code		
	E-mail address: (1	to be used for future annual report notifica	ition)	
For further information	concerning this matter, please c	all:		
Lance N. Davis at (352, 266-8873				
Name	of Person	Area Code & Daytime	Felephone Number	
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 enclosed)	S60.00 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

FILED

		2: 45
Davis (Name of the Limited L (A F	Construction Alliance, LLC is billing to the indicate of the company as it now appears on forida Limited Liability Company)	TALLAHACCE OF STATE
The Articles of Organization for this Limited Liab Florida document numberL100000921	• •	ember 1, 2010 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation
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 BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter I	Florida street address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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> **Name** Type of Action **Address** MGRM Lindsey R. Davis 611 S.E. 131st Street ☐ Add Ocala, Florida 34480 ✓ Remove MGRM Cary D. Davis 5192 S.E. 39th Loop ✓ Add Ocala, Florida 34480 Remove _□ Add Remove Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 30 2012 Dated _____ Signature of a member or authorized representative of a member Lance N. Davis

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Typed or printed name of signee

Filing Fee: \$25.00