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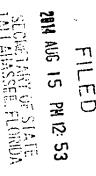
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· COVER LETTER

Division of Cor	porations		
SUBJECT: DAVE	ANDSAM 2 LL	1	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	_	MRDUS, ESQ Name of Person	
	THE LAW OFFICE	E OF BERMAN & BE Firm/Company	RMAN, P.A.
	P.O. Box 272	789 Address	<u> </u>
	BOCA RATON, FR	City/State and Zip Code	·····
	hzardus@theberman	awa oul - Com o be used for future annual report notifi	cation)
For further information or	oncerning this matter, please ca	_	cation)
, l	oncerning this matter, prease ca	н.	
HEATHER H. Name of	HARMUS Person	at (56) 826-5 Area Code Daytime	250 ect 224 Telephone Number
Enclosed is a check for th	e following amount:		
1	_	-	
\$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)

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED 2014 AUG 15 PM 12: 53

SECKETARY OF STATE FALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1 2 10 and assigned

Florida document number L/OTOD/14 021

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

______, Florida _______ 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = ' M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID MYERS	7534 INDIANTRAIL	
		7534 INDIANTRAIL POLAND, OH 44514	Remove
-			
			□ Remove
			Remove
-			
			□ Remove
			□ Add
			Add
			Remove

Tective da	te, if other than the da	ate of filing:	(optional)
Tective da e effective d e date this d	te, if other than the date must be specific, cannot becament is filed by the Florio	ate of filing: be prior to date of receipt or filed date and c da Department of State)	(optional)
ie date this d	te, if other than the da ate must be specific, cannot be seument is filed by the Florid	ate of filing: be prior to date of receipt or filed date and c da Department of State)	(optional) annot be more than 90 days after
ie date this d	te, if other than the da ate must be specific, cannot becament is filed by the Florid	ate of filing: be prior to date of receipt or filed date and c da Department of State)	(optional) annot be more than 90 days after
ffective day the effective of the date this detection attendated	scument is filed by the Florid	ate of filing: be prior to date of receipt or filed date and c da Department of State) gnature of a member or authorized represent W Koster	

Page 3 of 3

Filing Fee: \$25.00

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