# 111000051339

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O

J. BRYAN

OCT 1 0 2011

**EXAMINER** 

## **COVER LETTER**

	•		
SUBJECT:	Davison Po	roduct Group, LLC	
	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	. <b></b> ?
·			
	Ge	eorge W Davison, IV	観りて
	<u></u>	Name of Person	
	Davi	inan Draduct Onnun II C	TOCT -7 PH 1:00
	Dav	ison Product Group, LLC Firm/Company	P.G. 10
	1515	International Parkway, Suite 2019	
		Address	
	He	eathrow, FL 32746	
	<del> </del>	City/State and Zip Code	
	<del>-</del> '	gdistribution.com	
	E-mail address: (	to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
Kristin Winer		at ( 407 ) 810-2523	
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
er er			

### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Davison Product Group, LLC

(Name of the Limited Liability Company as it now an

(A Florida Limited L	iability Company)	on our records.	200
The Articles of Organization for this Limited Liability Company Florida document numberL11000051339	were filed onN	lay 02, 2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company	," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	1515 International Parkway, Suite 2019		
(Principal office address MUST BE A STREET ADDRESS)	Heathrow, FL 3	2746	
Enter new mailing address, if applicable:	1515 Internation	onal Parkway, Suit	e 2019
(Mailing address MAY BE A POST OFFICE BOX)	Heathrow, FL 32746		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:		records, enter 1	he name of the new
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 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	George W Davison, IV	144 Hammock Oak Circle Debary, FL 32713	Add X Remove
MGRM	George W Davison, IV	1515 International Parkway, Suite 2019 Heathrow, FL 32746	Add Remove
MGR	Kristin Winer	30 Wildwood Drive Essex Junction, VT 05452	X Add Remove
MGR	Gordon Jones	1515 International Parkway, Suite 2019 Heathrow, FL 32746	_X Add ☐ Remove
MGR	Michael Ross	1624 Park Avenue West Highland Park, IL60035	XAdd Remove
MGR	Dorothy Harris	1515 International Parkway, Suite 2019 Heathrow, FL 32746	_X Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	FILED  11.001-7 PM 1:00
	Signature of a member	er or authorized representative of a member	
	_	W Davison, IV d or printed name of signee	

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Filing Fee: \$25.00