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| (Reque                       | estor's Name)          |
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| (City/S                      | state/Zip/Phone #)     |
| PICK-UP                      | WAIT MAIL              |
| (Busin                       | ess Entity Name)       |
| (Docui                       | ment Number)           |
| Certified Copies             | Certificates of Status |
| Special Instructions to Fili | ng Officer:            |
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## **COVER LETTER**

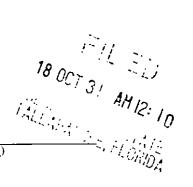
TO:

| TO:     | Registration Section Division of Corporation |  |   |  |               |
|---------|--|--|---|--|---------------|
| SUBJE   | ССТ:   | DAJIES<br>Name of Limi                               | REALTY LLC ted Liability Company                                    | (AMEDDING AUTHORIZED PERSON: CHA   | .TV C         |
| The end | closed Articles of Ar                        | mendment and fee(s) are subr                         | nitted for filing.  |  |               |
| Please  | return all correspond                        | lence concerning this matter t                       | o the following:  |  |               |
|         |  | Nic  | OUNA DAVIES   |  |               |
|         |  |  |   |  | tD<br>J'CHANG |
|         |  | DAVIES   | REALTY LLC Firm/Company   |  |               |
|         |  | 104 CASI   | AVISTA DRIVE  |  |               |
|         |  |  | Address   |  |               |
|         |  | POINCIANA  | FL. 34759<br>City/State and Zip Code                                |  |               |
|         |  |  | SOLIVITA. (Jow<br>o be used for future annual report no             |  |               |
| For fur | ther information con                         | e-mail address: (e<br>cerning this matter, please ca |   | tilication)  |               |
|         | NICOLINA                                     | DAVIES   | at (407 ) 572 -   | 1687   |               |
|         | Name of P                                    | erson  | Area Code Dayti   | ne Telephone Number  |               |
| Enclose | ed is a check for the                        | following amount:                                    |   |  |               |
| □ \$25  | 5.00 Filing Fee                              | S30.00 Filing Fee & Certificate of Status            | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |               |
|         |  | G ADDRESS:<br>on Section                             | STREET/COUF<br>Registration Sect                                    | HER ADDRESS:   |               |

**Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314 Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Davies 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 July 18, 2011                             | and assigned   |
|---|---|--|
| Florida document number L11000082066  |   |  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:                                      |  |
| The new name must be distinguishable and contain the words "Limited Liabili   | ity Company," the designation "L                        | LC" or the abbreviation "L.L.C."                             |
| Enter new principal offices address, if applicable:   |   | <del></del>  |
| (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 of registered agent and/or the new registered office address here.  Name of New Registered Agent:   |   | rds, enter the name of the new                               |
| <del></del> ,   |   |  |
| New Registered Office Address:  | Enter Florida street ada                                | iress  |
|   |   | Florida  |
| <del></del>   | City  | Florida  |
| New Registered Agent's Signature, if changing Registered Agent:   |   |  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties,<br>provided for in Chapter 60 | and I am familiar with and  15, F.S. Or, if this document is |
| If Chai   | nging Registered Agent, <u>Signatu</u>                  | re 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:

| <u>Title</u> | <u>Name</u>       | <u>Address</u>  | Type of Action |
|--------------|-------------------|---|----------------|
| Mgr.         | Richard J. Davies | 104 Casavista Drive, Poinciana, Fl. prior- 504CataniaLn. Poinciana, Fl. | □ Add          |
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| ective date, if other than the neffective date is listed, the date muster. If the date inserted in this blument's effective date on the December 2. | t be specific and cannot be pricock does not meet the appl | cable statutory fil  |                  | filing.) Pursuant to 605.0207 |
| record specifies a delayed<br>The 90th day after the rec  |  | ot an effective      | time, at 12:01 a | i.m. on the earlier of        |
| October 29  | 2018   |                      |                  |                               |
|   | Mulin is   | HATTES -             |                  |                               |
|   |  | J.,                  |                  |                               |
|   | Signature of a member or aut                               | horized representati | ve of a member   |                               |

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Filing Fee: \$25.00