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EXAMINER

COVER LETTER

TO: Registration Division of C					
SUBJECT:	DAVIS WRECH	I DEVELOPMENT, LLC			
SUBJECT:		nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:		,	
		•			
	CATHY FLOYD Name of Person				
		Name of reison			
		Firm/Company			
		1 mile company			
		712 S. OREGON AVE.		So. I	
		Address			U
		TAMPA, FL 33606		NUG 26	•
	٥٢١٥	City/State and Zip Code		1-17	
		OYD@HUNTRESCO.COM (to be used for future annual report notific	ation)	GF STA	
For further information	concerning this matter, please	call:			
C	ATHY FLOYD	at (_813)7	39-3096		
Name	e of Person	Area Code & Daytime	Telephone 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 Certificate of Certified Co (additional)	of Status &)
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVID WHEC	H DEVELOPMENT	S, LLC	_		
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	rs on our records.)			
he Articles of Organization for this Limited Liability (Company were filed on	8/22/2011	8	and assi	gned
orida document number L11000096144	·				
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the lim	nited liability company her	<u>'e</u> :			
DAVIS WREC	H DEVELOPMENTS, L	LC.			
ne new name must be distinguishable and end with the wo L.C."	rds "Limited Liability Compa	ny," the designation	"LLC"	or the al	breviatio
nter new principal offices address, if applicable:			Ego	10167	
<u>rincipal office address MUST BE A STREET ADD</u>	RESS)		2	-	
			53	<u>್</u> ದ	inominat ggine i dif
			77		
ter new mailing address, if applicable:			71 ⁷¹ 1	7	
failing address MAY BE A POST OFFICE BOX)		· ·	E. FLORI	9	-4·'
			DOIL	Ġ.	
If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	tered office address on o ress here:	our records, <u>enter</u>	the na	ame of	the ne
New Registered Office Address:	Fut	er Florida street ac	drose		
	<i>Uni</i>				
	City	, Florida _	7ir	Code	
	City		z.ų	Coue	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
 -			Add Remove		
			Add Remove		
			Add Remove		
			Alti Remove		
			Add r		
D. If ameno	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if neces	sary.)		
_					
 Dated	8/22/11 (* 1/a ()				
	U	cr or authorized representative of a member CATHY FLOYD d or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00