

L11000104115

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 29 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charles R. Davenport, Psy.D., LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Davenport

Name of Person

Firm/Company

8015 Desoto Woods Dr

Address

Sarasota, FL 34243

City/State and Zip Code

doctorcdavenport@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Davenport

Name of Person

at (941)

321-1971

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)

☐ \$60.00 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**

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2011 SEP 28 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charles R. Davenport, Psy.D., 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 September 9, 2011 and assigned
Florida document number L11000104115.

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: 1525 Tamiami Trail S.
(Principal office address MUST BE A STREET ADDRESS) Suite 603A
Venice, FL 34285

Enter new mailing address, if applicable: 1525 Tamiami Trail S.
(Mailing address MAY BE A POST OFFICE BOX) Suite 603A
Venice, FL 34285

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: Charles R. Davenport
New Registered Office Address: 1525 Tamiami Trail S., Suite 603A
Enter Florida street address
Venice, Florida 34285
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Charles R. Davenport	1525 Tamiami Trail S. Suite 603 A Venice, FL 34285	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated September 26, 2011



Signature of a member or authorized representative of a member

Charles R. Davenport

Typed or printed name of signee