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SECRETARY OF STATE

ALLANASSEE FLORING

J. BRYAN

NOV 22 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	DAVINCI AQU	ISITION GROUP LLC	
		ited Liability Company	_
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		B SHAH	_
		Name of Person	.128
	k	(&P HOLDINGS, LLC	
		Firm/Company	一路 2 二
<del>.</del>	5600 MARINER ST, STE 200		
		Address	75 70
	TAMPA, FL 33609		PM 2: 20 PM 2: 20 EEF FIGHT
		City/State and Zip Code	
	BSHAH	@KANDPHOLDINGS.COM	_
For further information	concerning this matter, please	to be used for future annual report notification)	
	B SHAH	at ( 813)_ 506-6083 OR 506-	6086
Name	of Person	Area Code & Daytime Telephone Num	ber
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification.	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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

DAVINCI AQUISTI	ION GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on11/10/2011	and assigned	
This amendment is submitted to amend the following:	2124a. a a a h a a		
A. If amending name, enter the new name of the limited liab	· <del></del>	報って	
DA VINCI ACQUISIT		32 2	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLO Por the appreviation	
Enter new principal offices address, if applicable:	5600 MARINER ST		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 200		
	TAMPA, FL 33609		
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 her		r the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
<del></del>	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

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 □ Add Remove ☐ Add Remove ☐ Add Remove  $\square$ Add \_\_\_Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 15 2011 Dated Signature of a member or authorized representative of a member BHHRATI SHAH
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

7

Page 2 of 2

Filing Fee: \$25.00