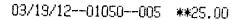
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SECRETARY OF STATE

K.SALY EXAMINER EXAMINER MAR 20 2012

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Davis Installation UC.						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Myran F. Davis Name of Person						
Davis Installation 'LC'						
5546 Moog Road						
Holiday, FL 34690 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:						
Yyron F. Oavis at (443) 360 - 8306 Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{\$\sum \\$}\$						
(additional copy is enclosed) 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**

FILED 12 MAR 10 Du

Davis I (Name of the Limited (A			on our records.)	SECRETARY OF STA
The Articles of Organization for this Limited Li	ability Company	were filed on <u>02</u>	-06-12	and assigned
Florida document number LI 20000171	70			
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	C	lity company here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ed Liability Company,	" the designation	"LLC" or the abbreviation
Enter new principal offices address, if applications	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered offi fice address here	ce address on our	records, enter	the name of the new
Name of New Registered Agent:	Myron	n F. David	S	
New Registered Office Address:	5546	Moog Ro	ad Florida street ad	ddress
	Holid	Cip	, Florida _	34690 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.

MGR = Man MGRM = Ma	ager , , anaging Member					
<u>Title</u>	Name	Address	Type of Action			
MGR	Myron F Davis	5546 Mopa Road Holiday, Fl 34690	Add Remove			
m g ry	Ron A. Davis	5546 Moog Bood Holiday Fr 34690	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove 			
			Add Remove			
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
<u>zl</u> Ein		d my FEI/EIN Number	_			
			_			
Dated <u>D3</u> ·	14.2012	—· Dui	-			
-	Myron Davi	r authorized representative of a member printed name of signee				

' 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:

Page 2 of 2

Filing Fee: \$25.00