112000 054 965

(Requestor's Name)

(Address)

(Address)

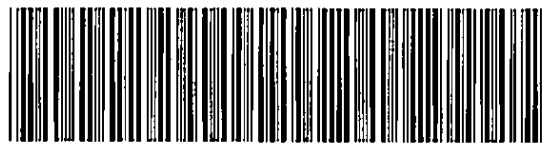(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Amend

NOV 2 1 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
       Division of Corporations

SUBJECT: __Davis - Wood Boat Ramp 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:

__Debbie Davis__
                  Name of Person

_____
                  Firm/Company

__150 Fortenberry Rd #A__
                  Address

__Merritt Island Fl 32952__
                  City/State and Zip Code

__CJD @ BAG CPA.COm__
                  E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__Debbie Davis__   at (__324__) __452-5061__
        Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                       (additional copy is enclosed)   Certified Copy
                                                                                    (additional copy is enclosed)

MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee. FL 32314   2661 Executive Center Circle
                                          Tallahassee. FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Davis-Wood Boat Ramp 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 **4-24-12** and assigned Florida document number: **L12000054968**.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(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 office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: **Debbie Davis**

New Registered Office Address: **150 Fortenberry Rd #A**

Enter Florida street address

Merritt Island, Florida **32952**

City   Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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 605, 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.

Debbie Davis

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Christopher Davis	150 Fortenberry Rd #A Merritt Island Fl 32952	☐ Add ☒ Remove ☐ Change
MGR	Debbie Davis	150 Fortenberry Rd #A Merritt Island Fl 32952	☒ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

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

_____
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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated ____10-21____ . ____2019____ .

Debbie Davis
Signature of a member or authorized representative of a member

Debbie Davis
Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00