L12000104148

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Cry, Clater 2, p. 1. Cro. 1.)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	-
Please use funds from this account: 120210 Authorization Signature:	0000160: \$ 25.00
DAVIS LAND AND CATTLE, LLC	L12000109148
BUSINESS NAME	DOCUMENT #
Certified Copy of Articles of Organi	ization
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit CorpNot for ProfitLimited LiabilityDomesticationOtherCORPLLLP	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDIssolutionMergerConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited PartnershipReinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	ND AND CATTLE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Michael A Scott		
		Name of Person	
	The Dorcey Law Firm, PL	С	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	10181 Six Mile Cypress Pa	arkway, Suite C	
		Address	
	Fort Myers, FL 33966		
		City/State and Zip Code	
	brandon@islandrestrooms.c		
		to be used for future annual report not	incation)
For further information c	oncerning this matter, please c	all:	
Michael A Scott		239 418-0169 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Se	ection.
Registration S Division of C		Division of Co	
P.O. Box 632	_	The Centre of	-
Tallahassee,		2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: A7B858BD-A119-4202-8EA6-1929BC52221E

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Davis Land and Cattle, LLC

2023 KAR 17 AM 10: 55

(Name of the Limited Liab) (A Flori	lity Company as it now appears on our r da Limited Liability Company)	ecords) RETARY OF STATE
	00/04/2012	HALLAHASSEE, FL
The Articles of Organization for this Limited Liability	Company were filed on 08/24/2012	and assigned
Florida document number L12000109148	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Island Restrooms, LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or register		nter the name of the new regis
agent and/or the new registered office address here:	•	
Name - China Desistant d Accept		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	adaress
	City	_, Florida Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: A7B858BD-A119-4202-8EA6-1929BC52221E in amenuing Authorized rerson(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	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
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Tective	date, if other than the	ie date of illing: just be specific and can	not be prior to date	of filing or more than	(option 190 days after fi	iai) ling.) Pursuant to 605.0
<u>ote:</u> If t	the date inserted in this	block does not meet	the applicable st	atutory filing requi	rements, this c	late will not be listed
cument	's effective date on the	Department of State	's records.			
		tive date, but not an e	effective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after t
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	3/14/2023		ber or authorized r	epresentative of a mo	ember	