## L12000139915

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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JAN - 7 2013

T. HAMPTON

## **COVER LETTER**

TO:	Registration Section
	Division of Corporation

Geoffrey Davis 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:

Geoffrey Davis	
Name of Person	
Eign/Company	
Firm/Company	
1997 Hawks Nest Drive	
Address	
Port Orange, FL 32128	
City/State and Zip Code	
N23GD@YAHOO.COM	

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

**Geoffrey Davis** 

386<sub>6</sub>79-4628

Name of Person

For further information concerning this matter, please call:

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)

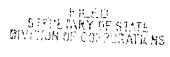
□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



13 JAN -4 AM II: 26

Geoffrey Davis LLC		
( <u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears ida Limited Liability Company)	on our records.)
		i
The Articles of Organization for this Limited Liabili	ty Company were filed on Nov	ember 5, 2012 and assigned
Florida document number L12000139915		•
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	:
Daytona Beach Mediation LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
,		
B. If amending the registered agent and/or re		ir records, <u>enter the name of the new</u>
registered agent and/or the new registered office :	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er Florida street address
		, Florida
	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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Remove Remove Remove Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
ed	Jan. 2, 2013.
	Mana or
	Signature of a member or authorized representative of a member
	Geoffrey Davis
	Typed or printed name of signee

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Filing Fee: \$25.00

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