L13000050588

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DAVCO RENOVATIONS L.L.C.
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:
KEVIN DAVIOSON
Name of Person
Name of Person DAULO RENOVATIONS L. L. C. Firm/Company
Firm/Company
1020 AD THUR AUR
1020 ARTHUR AUE
ORLANDO FI. 32804
City/State and Zip Code
ORLANDO, FL. 32804 City/State and Zip Code GGALLAHER 123 @ AOL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KEUIN DAVIOSON at (407) 404-2503 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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



DAUCO REMOVATIONS	inv as it now appears on our records.)
DAUCO RENOVATIONS (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1300050588</u> .	4
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
he new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u></u>
Enter new mailing address, if applicable:	DAUCO RENOVATIONS LIC. 195 South St.
Mailing address MAY BE A POST OFFICE BOX)	195 South St.
	FERN PARK, FL. 32730
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	P. P. Planta and Harris
	Enter Florida street address

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 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mgrm	KEVIN DAVIDSON	1020 ARTHUR AVE	Add
		ORLANDO , FL. 32804	Remove
MGR	Scott SlaNE	195 South St.	⊠ Add
		FERN PARK, FL. 32730	☐ Remove
MGR	Gennie Gallaher	195 South St.	Add
		Fern PARK FL, 32730	□ Remove
MGRM	REBEKAH DAVIDSON	1020 ARTHUR Ave	Add
		ORLANDO, FL. 32804	≱ Remove
			Add
			□ Remove
			_ 🗆 Remove

KEEPING	MANAGERS	SCOTT	SLANE +	Gennie	GAL
Removing	MANA GERS	KEUIN	+ REBEKAH	t DAvio	SON
					
ctive date must be spec	an the date of filing: _ ific, cannot be prior to date o by the Florida Department of	f receipt or filed date	and cannot be more than 9	(optional) 90 days after	
this document is filed	-7				
this document is filed 4/3/14		· · · · · · · · · · · · · · · · · · ·			
بير لماير	Signature of a men	nber or authorized re	presentative of a member	 	

Page 3 of 3

Filing Fee: \$25.00