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JUL 1 2 2017

COVER LETTER

SUBJECT:	M Davis Fin	TERPRISES LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maxily Da	Name of Person	
	Keen') Kleen	Janterial & Clear	ing Services
	2315 Charlest	on Street # 1	
	Hellywood, F	Lok (do 33020 City/State and Zip Code	
		Taking Can	
For further information c	oncerning this matter, please ca	all:	
Markelyn D	PG C . S Person	at (<u>305</u>) <u>AGO - G</u> Area Code Daytimo	1068 Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section Division of Corporations

> 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

III & IN Davis EnTERPRISE	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LI3CCC 10 8355</u> . This amendment is submitted to amend the following:	were filed on 11-16-2014 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:
Keen) Kleen Jan Torial & Clear The new name must be distinguishable and contain the words "Limited Liabili	_
Enter new principal offices address, if applicable:	2247 UN 9314 STREET
(Principal office address MUST BE A STREET ADDRESS)	Miami, Flugich 33147
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida :Zip Cark
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicable parametric of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 60 de statutory filing requirements, this date will not be lis	05.03 sted
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the ear	lier
ned July 3 . 2017	·	
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Typed or printed name of signee

Filing Fee: \$25.00