Division of Corporations Electronic Filing Cover Sheet

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(((H140002601903)))



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То:	Division of Corporations Fax Number : (850)617-6383	
From:	Account Name : LEGALZCOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889	M 9 24

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WANDA P DAVIS, LLC

Certificate of Status	0
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Help

TO:

COVER LETTER

TO: Registration Division of C	ı Section Corporations		
	DA P DAVIS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	espondence concerning this matter	r to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, inc.		
		Firm/Company	
	100 W. Broadway Suite	e 100	
		Address	
	Glendale, CA 91210		2 2 4 2 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	,	City/State and Zip Code	
	Wpegann@yahoo.com		
	E-mail address:	(to be used for future annual report no	tification)
For further information	on concerning this matter, please of	call:	
lmelda Vasquez		323 962-8600	ext 7950
Nan	ne of Person	at () Area Code Daytie	ne Telephone Number
Enclosed is a check for	or the following amount:		
□ S25.00 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)
Reg Div P.O	ILING ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, FL 32314	STREET/COUR Registration Sect Division of Corpt Clifton Building 2661 Executive C	orations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WANDA P DAVIS, LLC				
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)		-	
The Articles of Organization for this Limited Liability Com	pany were filed on 10/01/2014	and	assi gned	J
Florida document number 1.14000153281				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:	ين	261	
Davis Speech and Language Therapy, LLC) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviatio	n "E.L.C."	
Enter new principal offices address, if applicable:	·	公美	<u></u>	••••••••••••••••••••••••••••••••••••••
(Principal office address MUST BE A STREET ADDRES	<u> </u>		<u> </u>	ر د د اور معامت <u>ب</u>
		67 07 87 77		* .
		프라	2	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the nan	ne of th	<u>e_new</u>
Name of New Registered Agent:				 _
New Registered Office Address:	Enter Florich street acktress			
	, Florida	Zip Co		
New Registered Agent's Signature, if changing Registered Ag	,	•		

New Registered Agent's Signature, it 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

It amending <u>Authorized</u>	g the Managers or Authorized Member <u>Member being added or removed from</u>	on our records, <u>enter the title,</u> our records:	name, and address of each Manager or
MGR = M $AMBR = A$	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			
			Remove
			Add
			Remove 1
			Adil 2
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			Remove

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D. If amend	ing any oth	er information, enter c	:hange(3) hore: (Assach additional :	shects, if nocessary	ı.)	
E. Effective	date, if other	er than the date of filin specific, connot be prior to de	ig:	fate and cannot be me-	(optional)		
the date thi	is document is	filed by the Florida Departme	ent of State)	anc and carret to me	te than 50 days rate		
Dated	304	October	2014				`
	_	wanter	Ranis	<u> </u>		2013 S	5 1 1
		Signature of a	member or nuthorize Wanda I	od representative of a	member		5
			Typed or printed na				5
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Filing Fee: \$25.00