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DATE: 09/11/2024

NAME: DAVID & ASSOCIATES SPECIALISTS LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

# Docusign Envelope ID: 69D1815E-80A6-4B3F-A0D0-AD2FD4A4EEAB COVER LETTER

|                  | gistration Se<br>vision of Cor        |  |   |   |
|------------------|---------------------------------------|--|---|---|
| SUBJECT:         | David & A                             | ssociates Specialists, LLC                   |   |   |
| 30131.01         | · · · · · · · · · · · · · · · · · · · | Name of Lim                                  | ited Liability Company  |   |
| The enclose      | d Articles of                         | Amendment and fee(s) are sub-                | mitted for filing.  |   |
| Please retur     | n all correspo                        | ndence concerning this matter                | to the following:   |   |
|                  |                                       | Brian Ware                                   |   |   |
|                  |                                       |  | Name of Person  |   |
|                  |                                       | David & Associates Specia                    | nlists, LLC   |   |
|                  |                                       |  | Firm/Company  |   |
|                  |                                       | 10991-54 San Jose Blvd.                      |   |   |
|                  |                                       |  | Address   |   |
|                  |                                       | Jacksonville, FL 32223                       |   |   |
|                  |                                       |  | City/State and Zip Code   |   |
|                  |                                       | brianleeware@gmail.com                       |   |   |
|                  |                                       | E-mail address; (i                           | to be used for future annual report r                               | iotification)   |
| For further i    | information c                         | oncerning this matter, please ca             | પી:   |   |
| Adrian Rus       | t, Esq.                               |  | 904 232-7202<br>at ( )  |   |
|                  | Name o                                | î Person                                     | Area Code Day   | time Telephone Number   |
| Enclosed is      | a check for th                        | ne following amount:                         |   |   |
| <b>■</b> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Docusign Envelope ID: 59D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB ARTICLES OF AMENDMENT TO

#### ARTICLES OF ORGANIZATION

**OF** 

FILED

DAVID & ASSOCIATES SPECIALISTS, LLC

2024 SEP 11 AM 9: 26

| (Name of the Limi  | ted Liability Compan<br>(A Florida Limited L                     | y as it now apper<br>ability Company) | ars on our records.)                   | F.S.A.1<br>(2) (2) (2) (3)                           |
|--|--|---------------------------------------|--|--|
| The Articles of Organization for this Limited E<br>Florida document number <u>L15000213618</u>   | iability Company v   | were filed on <u>l</u>                | 2/28/2015                              | and assigned   |
| This amendment is submitted to amend the following   | lowing:  |                                       |  |  |
| A. If amending name, enter the new name of   | of the limited liabi   | ity company h                         | iere:                                  |  |
| The new name must be distinguishable and contain the   | words "Limited Liabili   | ty Company," the                      | designation "LLC" or                   | the abbreviation "L.L.C."                            |
| Enter new principal offices address, if applied  | cable:   |                                       |  | •••  |
| (Principal office address MUST BE A STREE  | ET ADDRESS)  |                                       | <del>-</del>                           |  |
|  |  |                                       |  |  |
|  |  |                                       |  |  |
| Enter new mailing address, if applicable:  | POIO   |                                       |  |  |
| (Mailing address MAY BE A POST OFFICE  | <u>BOX)</u>  |                                       | <del></del>                            |  |
| B. If amending the registered agent and/or agent and/or the new registered office addre  |  | ddress on our                         | records, <u>enter the</u>              | ename of the new registered                          |
| Name of New Registered Agent:  | Adrian Rust, Esc   | <b>]</b> .                            |  |  |
| New Registered Office Address:   | c/o Burr & Form  | ian, LLP, 50 N.                       | Laura Street, Suite 1                  | 3000   |
| New registered office radicess.  | Enter Florida street address                                     |                                       |  |  |
|  | Jacksonville   |                                       | , Florie                               | da 32202<br>Zip Code                                 |
|  |  | City                                  |  | Zip Code   |
| New Registered Agent's Signature, if changing  | Registered Agent:  |                                       |  |  |
| I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this | per and complete p<br>istered agent as pr<br>registered office o | performance o<br>rovided for in       | f my duties, and t<br>Chapter 605, F.S | I am familiar with and<br>S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 69D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB it amending 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

| <u>Title</u> | Name | Address     | Type of Action |
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| Note:             | ive date, if other than the date of filing:   |
| e reco<br>rd is f | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Dated             | 9/10/2024   |
|                   | Decudingwed by  |
|                   |   |
|                   | Signature of a member or authorized representative of a member  |

Filing Fee: \$25.00

# Docusign Envelope ID: 69D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB CUVER LETTER

| sociates Specialists, LLC                    |   |  |
|--|---|--|
| Name of Lim                                  | ited Liability Company  |  |
| Amendment and fee(s) are sub                 | mitted for filing.  |  |
|  | <u>-</u>  |  |
| Brian Ware                                   |   |  |
|  | Name of Person  |  |
| David & Associates Specia                    | alists, LLC   |  |
|  | Firm/Company  |  |
| 10991-54 San Jose Blvd.                      |   |  |
|  | Address   |  |
| Jacksonville, FL 32223                       |   |  |
|  | City/State and Zip Code   |  |
|  | to be used for future annual report noti  | tication   |
|  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
|  | 904 232-7202<br>at ( )  |  |
| Name of Person                               |   | e Telephone Number   |
| e following amount:                          |   |  |
| □ \$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)   |
| ection                                       | Street Address: Registration Se   |  |
|  | Name of Lim  Amendment and fee(s) are sub indence concerning this matter  Brian Ware  David & Associates Specia  10991-54 San Jose Blvd.  Jacksonville, FL 32223  brianleeware@gmail.com  E-mail address: (concerning this matter, please concerning this matter, please concerning this matter.)  Person | Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Brian Ware  Name of Person  David & Associates Specialists, LLC  Firm/Company  10991-54 San Jose Blvd.  Address  Jacksonville, FL 32223  City/State and Zip Code  brianleeware@gmail.com  E-mail address: (to be used for future annual report notion oncerning this matter, please call:  Person  at ( |

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303