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COVER LETTER

Division of C			
SUBJECT:	Davidson Ho	ome Service L.	LC
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Ke	1/4 Davidson	
		Name of Person	
	Davidsor	Home Serce	LLC
		•	
	4723 Abo	rdan St	
		Address	
	North P.	Oxt FL 34/ City/State and Zip Code	287
		136 @ LOMGS E. To be used for future annual report notif	net
For further information	n concerning this matter, please ca	•	ication)
Kelly	Davidson	at (941) 8/5 Area Code Daytime	-7814
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fo	r 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

TO ARTICLES OF ORGANIZATION OF

Service LLC			
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re filed on $9/27/20$	16.	and ass	signec
/ /			
company here:			
Company," the designation "LLC" or the	e abbrevia	tion "L.	L.C."
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		P	
Enter Florida street address		ေ	
, Florida	Zii	Code	
	Zij	Code	
	company here: Company," the designation "LLC" or the designation and the designation are contained as a designation are company, and the designation are contained as a designation are c	re filed on 9/27/2016 a y company here: Company," the designation "LLC" or the abbrevia address on our records, enter-the	re filed on 9/27/2010 and ass y company here: Company," the designation "LLC" or the abbreviation "L. e address on our records, enter-the name

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
<u>AMBR</u>	Jerry Davidson	4723 Abadan St. North Port FL 3428	Add Add
			Remove
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	ve date, if other than the date of filing: $\frac{7}{13}$ /2019 (optional)
E. Effecti	
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
If the rec	ord 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 record is filed.
(-,	
Dated	July 13 . 2019.
•	
	Hall Vaniday
	Signature of a prember or authorized representative of a member
	Signature of a member of authorized representative of a frequen
	$\nu_{ii} \sim N_{ii}$
	Kelly Davidson
	/Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00