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## **COVER LETTER**

то:	Registration Se Division of Cor			
SHRIE	Davis Herit	age-Raintree, LLC		
SOBJE	CI		ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Deborah L. Herringer		
			Name of Person	
		Davis Companies, LLC		
			Firm/Company	
		20725 SW 46th Avenue		
			Address	
		Newberry, FL 32669		
			City/State and Zip Code	_
		debih@davisandsons.com	7. C	·
For furt	her information co	oncerning this matter, please ca	to be used for future annual report notificall:	atton)
Debora	h L. Herringer		352 472-7773 ext.	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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 radditional copy is enclosed)

MAILING ADDRESS:

TO:

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

Truis Heritage - Raintree, LLC

( <u>Name of the Limited Liabili</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000019136</u>	ompany were filed on January 24, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ARE S
Principal office address MUST BE A STREET ADDR	ESS)	2 2
	-	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, <u>ento</u> ess here:	er the name of the
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	
	. Florida	

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.

 $Cii_{V}$ 

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amendin	g Authorized Person(s) authorized to n l from our records:	nanage, <u>enter the title, name, and</u>	d address of each person being added
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			□ Remove
			□ Change
			Remove
			Change
			Add
			□ Remove
			Change
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			□ Remove

\_□ Change

LLC Partnership					
Davis Heritage, Ltd. 90% Man	aging Member				
Stefan M. Davis, 10% Managii	ig Member		<del> </del>		
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ive date, if other than the d	ate of filing:	20, 2017		(optional)	
ective date is listed, the date must be lift the date inserted in this bloc	k does not meet the	applicable statute	ling or more than 90 ory-filing requiren	days after filing.) nents, this date v	Pursuant to 60 vill not be lis
ent's effective date on the Dep	artment of State's i	ecords.			
cord specifies a delayed of 90th day after the recor	effective date, b	out not an effe	ctive time, at	12:01 a.m. o	n the earl
June 20, 2017	·	····································			<u> </u>
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ST	/ //				
	gnature of a member	or authorized repres	entative of a memb	er	70 <b>1</b> 2

Filing Fee: \$25.00