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PICK-UP	☐ WAIT	☐ MAIL
_	(Business Entity Name) (Document Number) Certificates of Status	<u>—</u>
(Be	usiness Entity Na	me)
(De	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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J. HARRIS

COVER LETTER

	Name of Lim	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:	
	DAVID CACEROS		
	 	Name of Person	
	DAVCA INC		
		Firm/Company	
	18503 PINES BLVD STE	310	
		Address	
	PEMBROKE PINES FL 3	3029	
	 	City/State and Zip Code	-
	dayid@daycainc.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please e	all:	
DAVID CACEROS		954 837-8165	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number <u>L17000058548</u>	and assigned	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :
		- No. 28
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:		A Property of the Control of the Con
Principal office address MUST BE A STREET ADDRESS)		
		<u>;</u> ?
Enter new mailing address, if applicable:		₽ 02
	- n/31/3	
Mailing address MAY BE A POST OFFICE		
		<u> </u>
3. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the name of the
Name of New Registered Agent:	DAVCA INC	
New Registered Office Address:	18503 PINES BLVD STE 310	
	Enter Flo	orida street oddress
	PEMBROKE PINES	, Florida ³³⁰²⁹

New Registered Agent's Signature, if changing Registered Agent:

EVERGREEN HILLS INVESTMENTS LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
			□ Remove
			□ Add
			□ Remove
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