L17000060753

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COVER LETTER

TO:

Registration Section

Division of C	orporations	*	
	AMERSON LLC		•
SUBJECT:	Name of Lin	ited Liability Company	<u>`</u>
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	AMANDA ERWIN		
		Name of Person	
	DAVID JAMERSON LLC		
		Firm/Company	
	PO BOX 1275		
		Address	
	LEHIGH ACRES, FL 339	70	
	AMANDAHAMEDSONG	City/State and Zip Code	
	AMANDAJJAMERSON@ E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
AMANDA ERWIN		239 940-1915 at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	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 Addr Registration		<u>Street Address:</u> Registration So	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ORGANIZAT

DAVID JAMERSON LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/16/2017 __ and assigned Florida document number _L17000060753 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
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			Remove
			☐ Change
			□Add
			□Change
			□Add
			Remove
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			□Add
			□ Remove
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ATTACHED MARRIAG	GE CERTIFICATE ALONG WITH N	EW FLORIDA DRIVER'S LICENSE.	
			
			
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tive date, if other than		(optional)	
If the date inserted in th	is block does not meet the applicable s	of filing or more than 90 days after filing.) Pursu tatutory filing requirements, this date will n	iant to 605.1 iot be liste
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Typed or printed name of signee