L17000093265

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COVER LETTER

Div	ision of Corp	oorations				
SUBJECT:	LYDIA DAVIS, LLC					
30001.01.		Name of Limited Liability Company				
The enclosed	l Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		LYDIA G. DAVIS				
			Name of Person			
		LYDIA DAVIS, LLC				
			Firm/Company			
	1121 COILA ST					
		Address				
		PENSACOLA FL 32504				
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	leation)		
For further in	nformation co	neerning this matter, please ca	ali:			
LYDIA G. E	OAVIS		850 501-0397			
,	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 F TO: FC Y STA		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

2017 JUN 19 PM 4: 08

LYDIA DAVIS, LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 27, 2017 and assigned Florida document number <u>L17000093265</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LYDIA G. DAVIS, LLC 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

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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member		Address 2017 JUN 19 PM 4: 08 Type of Action		
<u>`itle</u>	<u>Name</u>	Address	ALLAHASSEE, FERRING.	Type of Action
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`an eff Vote:	ive date, if other than the date of filing: [cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Xyilla H. Danis Signature of a member or authorized representative of a member
	LYDIA G. DAVIS Typed or printed name of signce

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Filing Fee: \$25.00