119000098208

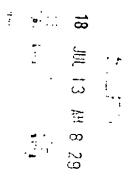
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500315586745

07/13/18--01029--007 **25.00



JL 2 1 2018

S. PRATHER

COVER LETTER

TO:	Registration Sec Division of Corp	porations		
SUBJ	K and C Da	vis Management Limi	ted Liability	Company
		Name of Limi	ted Liability Company	· ·
The e	nclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please	e return all correspon	ndence concerning this matter	to the following:	
		Shannon N. Davis		
			Name of Person	
		K and C Davis LLC		
			Firm/Company	
		355 NW Forest Meadows A	Ave.	
			Address	
		Lake CITY FL 32055		
			City/State and Zip Code	 _
		s.noah1972@yahoo.com	to be used for future annual report notif	Eurion)
			·	(Cation)
For It	irther information co	oncerning this matter, please ca	III:	
Shan	non N. Davis		904 253-5617 at ()	
	Name of	l'Person	Area Code Daytime	e Telephone Number
Enclo	osed is a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Compa (A Florida Limited)	iny <mark>as it now appears on our r</mark> o Liability Company)	ecords.)
The Articles of Organization for this Limited L	iability Company	were filed on April 18, 20	and assigned
This amendment is submitted to amend the foll	_		
A. If amending name, enter the new name of Cand C Davis LLC			[3 m
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	
Inter new principal offices address, if applic	rahle:	355 NW Forest Meadows	Ave (N)
Enter new principal offices address, it applicable. (Principal office address MUST BE A STREET ADDRI		Lake City FL 32055	<u>. (S)</u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and egistered agent and legistered agent a	or registered o		cords, enter the name of the
egistered agent and/or the new registered o	mice address nei	<u>c</u> .	
Name of New Registered Agent:	Name of New Registered Agent: Shannon N. Davis		
New Registered Office Address:	355 NW Forest	meadows Ave	
new registered Office Address.		Enter Florida street a	address
	Lake City		Florida 32055 Zip Code

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

K and C Davis 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.

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		
CFO	Carla Davis	239 N. Lowder St. Macclenny FL 3			
			Change		
					
			□ Remove		
			Change		
			□ Add		
			□ Remove		
			☐ Change		
			Remove		
			Change		
			□ Add		
			Remove		
			Change		
			Remove		
			□ Change		

					· 	
					<u>.</u>	
			- .			
						
				,		
		_				

	.					
tive date, if other than	the date of filin	7/10/2018		(options	4D	
ffective date is listed, the date: If the date inserted in the	must be specific and	I cannot be prior to dat	e of filing or more tha	ın 90 days after fili	ng.) Pursua	int to 60:
. If the date inserted in the ment's effective date on the			naturory ming requ	mements, tins de	te	00
ecord specifies a dela e 90th day after the	ayed effective of record is filed.	date, but not an	effective time,	at 12:01 a.n	i. on the	e earli
d July 10		2018 .			à.	
n		, ————.			17-	∞`
	\mathcal{M}	///				Ē
	Signature of a	member or authorized	representative of a r	iember		i.
	- 1	1/				
		in com	11 h			77
	Shan	Typed or printed nai	nc of signee		<u> </u>	8

Page 3 of 3

Filing Fee: \$25.00