## 118000106500

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ALLAHASSEE FLORIDA

## **COVER LETTER**

Divi	sion of Corp	ogrations			
SUBJECT:	ASAP @ D.	AVIS PROCESS. LLC			
oobobe		Name of Limi	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter t	to the following:		
		DENNIS R DAVIS			
			Name of Person		
ASAP @ DAVIS PROCESS, LLC					
Firm/Company					
4430 SCENIC LAKE DRIVE					
			Address	<del>.</del>	
		ORLANDO FL 32808			
			City/State and Zip Code		
		ASAP.D.PROCESS@GMA			
		E-mail address: (t	o be used for future annual report notific	ration)	
For further in	formation co	ncerning this matter, please ca	11:		
DENNIS R E	DAVIS		407 900-7387		
	Name of	Person	Area Code Daytime	Felephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25,00 Fi	ling 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** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASAP @ DAVIS PROCESS. LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000106500</u> .	were filed on 04/27/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ASAP DAVIS PROCESS. LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4430 SCENIC LAKE DRIVE
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32808
Enter new mailing address, if applicable:	P.O. BOX 607127
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32860
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	. Florida Sin Code
	CHY Zip Côde

## 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

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
SP	DENNIS R DAVIS	4430 SCENIC LAKE DRIVE	☐ Add
		ORLANDO FL 32808	■ Remove
			Change
MGR	DENNIS R DAVIS	4430 SCENIC LAKE DRIVE	Add
		ORLANDO FL 32808	Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
		<del></del>	Remove
			□ Change
<u>-</u>		<del></del>	Add
			□ Remove
			Change

(If an effective 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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	- TAX ID ADD TO: 83-0591988		
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Signature of a member or authorized representative of a member			
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00