

L18 000 132520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

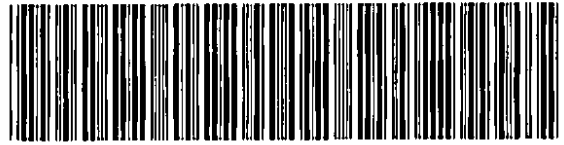
(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 MAR 30 AM 11:13

March 10, 2020

KELVIN DAVIS  
576 JAMES WILSON CIR  
ORANGE PARK, FL 32073

SUBJECT: BIG BONES TRUCKING LLC  
Ref. Number: L18000132520

We have received your document for BIG BONES TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 820A00005211

00/32/33/34

TO: Registration Section  
Division of Corporations

SUBJECT: Big Bones Trucking LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following

KEVIN DAVIS

Name of Person

BIG BONES TRUCKING

Firm Company

516 JAMES WILSON CIR

Address

ORANG PARK, FL 32073

City, State and Zip Code

jdavisdavisconsult@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN DAVIS

904 999-7148

----- at (-----)  
Name of Person Area Code Daytime 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 Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BIG BONES TRUCKING 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 MAY 29, 2018 and assigned  
Florida document number L18000132520

This amendment is submitted to amend the following:

1. If amending name, enter the new name of the limited liability company here:

DAVIS, DAVIS & ASSOCIATES' 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 office address, if applicable:

6316 SAN JUAN AVE STE 3

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32210

Enter new mailing address, if applicable:

516 JAMES WILSON CIR

(Mailing address MAY BE A POST OFFICE BOX)

ORANG PARK, FL 32073

2. 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:

6316 SAN JUAN AVE STE 3

Enter Florida street address

JACKSONVILLE

City

Florida 32210

Zip Code

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

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Attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MAN = Manager

AMBP = Authorized Member

Title	Name	Address	Type of Action
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AMUR	DEONJANEA DAVIS	576 JAMES WILSON CIR	<input type="checkbox"/> Add
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		ORANGE PARK FL 32073	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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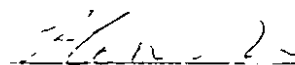
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FILED  
MAR 30 2020  
STATE OF OHIO  
RECEIVED

Effective date if other than the date of filing: (Optional)  
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 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 (b) The 90th day after the record is filed

02/12/2020  
Dated

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

KEVIN DAVIS

Typed or printed name of signee