

L18000 209623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

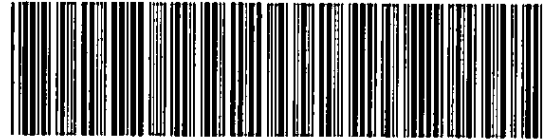
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/06/21--01031--005 **35.00

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2022 FEB 11 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

FEB 22 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 FEB 11 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FL

December 28, 2021

DAVID LIPCON
9100 SOUTH DADELAND BLVD
SUITE 400
MIAMI, FL 33156

SUBJECT: AMERIDAV HOLDINGS, LLC
Ref. Number: L18000209623

We have received your document for AMERIDAV HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Alecia Rivers
Regulatory Specialist II

Letter Number: 721A00031185

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERIDAV HOLDINGS, 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:

DAVID W. LIPCON
Name of Person

AMERIDAV HOLDINGS, LLC
Firm/Company

9100 South Dadeland Blvd. #400
Address

MIAMI, FL 33156
City/State and Zip Code

DAVID@LIPCONLAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID LIPCON at (305) 670-6144
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

check already sent previously

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32304

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2000 Capital Circle, NW
Tallahassee, FL 32310

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AMERIDAV HOLDINGS, LLC

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

FILED

2022 FEB 11 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/31/18 and assigned
Florida document number L18000209623

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 "LLC."

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

City

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

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(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)

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.

1/27/22

Ann R. Linsen

Signature of a member or authorized representative of a member

AMERICA R. Lipcon, MGR

Typed or printed name of signee

Filing Fee: \$25.00