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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| -Incorrect Form                         |
| FL. Profit-LIC<br>-Correct Name Cover   |
| Accept Name Capic                       |
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| letter                                  |
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FILL DI 2025 SEP 12 PH 2: 20 STATE OF STATE

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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |  |   |
|--|--|--|---|
| cubic/"r.                                | Davie 22                                     | 75 110-  | FILED   |
| SUBJECT:                                 |  | ited Liability Company   | 2025 SEP 12 PH 2: 20  |
| The enclosed Articles of A               | Amendment and fee(s) are sub                 | mitted for filing.   | TALLAHASSEE FL  |
| Please return all correspon              | ndence concerning this matter                | to the following:  | -   |
|  | Crystal                                      | Porter Field Name of Person  |   |
|  | <u>Davie</u>                                 | 2275 U.C. Firm/Company   |   |
|  | <u> 2275 S</u>                               | W lele Tenacy<br>Address   | 2   |
|  |  | City/State and Zip Code    Discarre voo to be used for future annual report no | Fing, con   |
| For further information ec               | oncerning this matter, please c              | all:   |   |
| Cry Stal Name of                         | Porterfized Person                           | at ( <u>954</u> ) <u>(604</u><br>Area Code Daytir                              | ne Telephone Number   |
| Enclosed is a check for th               | e following amount:                          |  |   |
| □ \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)      | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address<br>Registration S        |  | Street Address:<br>Registration S  | ection  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILED

| Davie 2275 LC   |   | 075 CEP 12 PH 2: 20                        |
|---|---|--|
| (Name of the Limited Liability Com<br>(A Florida Limite   | <u>ipany as it now appears 6</u><br>ed Liability Company) | Kan Freedrich                              |
| The Articles of Organization for this Limited Liability Comparting of the Articles of Organization for this Limited Liability Comparting of the Articles of Organization for this Limited Liability Comparting of the Articles of Organization for this Limited Liability Comparting of the Articles of Organization for this Limited Liability Comparting of the Articles of Organization for this Limited Liability Comparting of the Articles of Organization for this Limited Liability Comparting of the Articles of Organization for this Limited Liability Comparting of the Articles of Organization for this Limited Liability Comparting of the Articles of Organization for this Limited Liability Comparting of the Articles of Organization for the Organization | ny were filed on  | OF STATE and assigned                      |
|   |   |  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited li   | ability company here                                      | :  |
| The new name must be distinguishable and contain the words "Limited Lia   |   |  |
| The new name must be distinguishable and contain the words "Limited Lie   | ability Company," the desig                               | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | _N/A  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | ,   |  |
|   | <del></del>   |  |
| Enter new mailing address, if applicable:   | <u> </u>  | <u> </u>                                   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |  |
|   | <u></u>   |  |
| B. If amending the registered agent and/or registered offic   | e address on our reco                                     | ords, enter the name of the new registered |
| agent and/or the new registered office address here:  | e address on our reco                                     | enter the management of the second         |
|   |   |  |
| Name of New Registered Agent:   | <u>-</u>  |  |
| New Registered Office Address: $\mathcal{N}/\mathcal{A}$  |   |  |
| ,   | Enter Ffortda   | street address                             |
|   | 72  | Florida                                    |
|   | City  | zip Coae                                   |

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 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> | Name          | Address                                     | Type of Action |
|--------------|---------------|---|----------------|
| AMBR         | Carolyn Laing | 1012 N. Ocean Blvd. Pampano Beach, Fl. 3306 | XAdd           |
|              | J             | Pampano Beach, Fl. 3306                     | 2_□Remove      |
|              |               |   | Change         |
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|                         | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|-------------------------|--|
|                         |  |
|                         | 2025 SEP 12 PH 2: 20   |
|                         | TALLAHASSEE, FL  |
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| an effecti<br>ote: If t | date, if other than the date of filing:  ve 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records. |
| record sp               | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after  |
| is filed.               |  |
| ated                    | Sept. 9  2025  Signature of a member or authorized representative of a member  |
|                         | Ropald A. Lains  Typed or printed name of signee   |

Filing Fee: \$25.00



August 25, 2025

CRYSTAL PORTERFIELD 2275 SW 66TH TERRACE DAVIE, FL 33317

SUBJECT: DAVIE 2275, LLC Ref. Number: L18000228552

We have received your document for DAVIE 2275, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT AMENDMENT, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. PLEASE PUT THE CORRECT ENTITY NAME ON YOUR COVER LETTER. Please complete and return the enclosed blank form(s).

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

FLORIDA PROFIT AMENDMENTFLORIDA LIMITED LIABILITY COMPANY. PLEASE PUT THE CORRECT ENTITY NAME ON YOUR COVER LETTER.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 225A00018933

Receive September 12, 2025