L19000039047

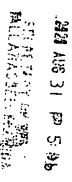
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COVER LETTER

O: Registration S Division of Co				
Gary Davi	s Real Estate, LLC		·	
	Name of Lim	ited Liability Company		
he enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.		
lease return all corresp	ondence concerning this matter	to the following:		
	Garold Davis			
		Name of Person		
		Firm/Company		
	1178 Shetland Drive			
		Address		
	St. Johns, Florida, 32259			
	City/State and Zip Code GaryDavisRealEstate@gmail.com			
		to be used for future annual report noti	ification)	
or further information of	concerning this matter, please c	all:		
Darold Davis		904 770-7696 at ()		
Name o	of Person	Area Code Daytim	ne Telephone Number	
inclosed is a check for t	he 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

Gary Davis Real Estate, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	oras.)	
The Articles of Organization for this Limited Liability Company Florida document number L19000039047	were filed on 02/07/2019	· -	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:		
Garold Davis, LLC		D .,.	82
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" of the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1178 Shetland Drive	Or A	3 11
(Principal office address MUST BE A STREET ADDRESS)	St. Johns, Florida, 32259	925	W
Trincipal office address WOST DL A STREET ADDRESS		-0)	FI
		5.0	Si Ci
Enter new mailing address, if applicable:	1178 Shetland Drive	37	- 1
(Mailing address MAY BE A POST OFFICE BOX)	St. Johns, Florida, 32259	170	<u></u>
Muning address MAT BE A POST OFFICE BOX)		_	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:		er me nam	e of the new registere
New Registered Office Address:			
	Enter Florida street add	ress	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60.	and I am f 5, F.S. Or,	amiliar with and if this document is
If Chan	ging Registered Agent, Signatur	e of New Reg	istered 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
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Remove
			□Change

	
	
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reffecti <u>te:</u> If	edate, if other than the date of filing:
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	8/27/2020 Xarold Oll (a)
	Signature of a member or authorized representative of a member
	/

Filing Fee: \$25.00