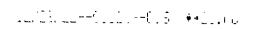
L19000134645

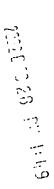
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
CLIB IECT	DAVILA E	ENTERPRISE HOLDINGS LL	.C			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Jose M Davila				
			Name of Person			
		DAVILA ENTERPRISE I	HOLDINGS LLC			
			Firm/Company		7	
		11612 SW 13th Lane			23.7.00	
			Address		22	
		Pembroke Pines/FL 33025				
			City/State and Zip Code	<u> </u>		
		davilaeholdings@gmail.cor			 کنا	
For further in	iformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	tification)		
		oncerning this matter, prease e				
Jose M Davi			954 549-9978 at ()			
	Name o	f Person	Area Code Daytii	ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	iling Addres		Street Address: Registration So	ection		
Registration Section Division of Corporations			Division of Corporations			
). Box 632 lahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 81	10	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000134645</u> .	were filed on 05/20/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ollity company here:	
NA		
the new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		.3
(Principal office address MUST BE A STREET ADDRESS)	NA	,
· · · · · · · · · · · · · · · · · · ·		52
		77
Enter new mailing address, if applicable:		_ =
Mailing address MAY BE A POST OFFICE BOX)	~	و
<u> </u>		
		<u> </u>
3. If amending the registered agent and/or registered office :	address on our records, enter the n	ame of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	NA.	
	Enter Elorida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DAVILA ENTERPRISE HOLDINGS LLC

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.

M /A
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>	Address	Type of Action
AMBR	Malby M Davila	11612 SW 13th Lane	= Add
		Pembroke Pines, FL 33025	Remove
			□Change ≥ ○ □ Add
			□ Add □ Remove
			∴ □ Change
	\ <u></u>		□Add
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	r/x		□Change
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an effe Tote: 1	ctive date is listed, the date mus If the date inserted in this bl	t be specific an ook does not	id cannot be prior meet the applic	to date of liling of able statutory f	or more than 90 days iling requirements	after filing.) Pur this date will	suant to 605.0201 not be listed as
	nt's effective date on the D				g requirements	, ms date min	not be instead at
	specifies a delayed effective	e date, but no	ot an effective ti	me, at 12:01 a.	m. on the earlier o	of: (b) The 90	th day after the
l is file	ed.						
	A 1 - 1 - 1 - 1 - 2	•_	7 477				
ated _	November 3	<u>o</u>	. 2000				
			. 2022 M de	21/2			
		<i>, , , , , , , , , , , , , , , , , , , </i>		-	tive of a member		

Filing Fee: \$25.00

Typed or printed name of signee