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- :	(City/State/Zip/Phone #)
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	(Business Entity Name)

	(Document Number)	
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Special Instruction	ons to Filing Officer	
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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/11/2024

NAME: DAVID & ASSOCIATES REAL ESTATE, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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то:		istration Sec ision of Corp					
C	cia):	DAVID & A	SSOCIATES REAL ESTATI	E, LLC			
SUBJE	CI:		Name of Limi	ited Liability Company			
			mendment and fee(s) are sub-	_			
Please re	eturn	all correspon	dence concerning this matter t	to the following:			
			Brian Ware				
				Name of Person			
			DAVID & ASSOCIATES	REAL ESTATE, LLC			
				Firm/Company			
			2865 Plummer Cove Rd., S	Suite 2			
		Address					
			Jacksonville, FL 32223				
			City/State and Zip Code				
			brianleeware@gmail.com E-mail address: (t	o be used for future annual report no	otification)		
For furth	her in	formation co	ncerning this matter, please ca	all:			
Adrian	Adrian Rust, Esq. 904 232-7202 at ()						
		Name of	Person	Area Code Dayti	ime Telephone Number		
Enclosed	d is a	check for the	following amount:				
■ \$25	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Docusign Envelope ID: 69D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



DAVID & ASSOCIATES REAL ESTATE, LLC

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

	ability Company were	filed on 07/30/2019	and assigned
Florida document number L19000184492			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Co	ompany," the designation "I.I.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE	T ADDRESS)		
n			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:		ess on our records, <u>enter the n</u>	ame of the new registered
New Registered Office Address:	c/o Burr & Forman, LLP, 50 N. Laura Street, Suite 3000		00
- The state of the		Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Jacksonville	, Florida	32202 Zip Code
		City	Zip Code
		,	·
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered	egistered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 69D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB
11 amenong Authorized rerson(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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Remove
			
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove

11 AMKI	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re date, if other than the date of filing:
record d is file	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 d.
Dated _	9/10/2024
	Brian Warr
	AZSOCZE 005097406 Signature of a member or authorized representative of a member
	Brian Ware, MGR

Filing Fee: \$25.00

Docusign Envelope ID: 69D1B15E-80A6-4B3F-A0D0-AD2FD4A4EEAB CUVER LETTER

TO: Registration Se Division of Cor				
	ASSOCIATES REAL ESTAT	E, LLC		
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Brian Ware			
		Name of Person		
	DAVID & ASSOCIATES REAL ESTATE, LLC			
	-	Firm/Company		
	2865 Plummer Cove Rd.,	Suite 2		
		Address		
	Jacksonville, FL 32223			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	brianleeware@gmail.com	to be used for future annual report no		
The foral of information		·	ottheattony	
	oncerning this matter, please co	811:		
Adrian Rust, Esq.		904 232-7202 at ()		
Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration :		Street Address: Registration S	Section	
Division of Corporations		Division of C	orporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303