119000186324

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900336618299

11/13/19--01015--008 **25.00

19 NOV 13 AH SR 10

DEC 12 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Franklin Davis Properties 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:
Matthew Hammer Name of Person
Franklin Davis Properties LLC Firm/Company
1541 N.En 34th St. Address
Pomfano Reach, Florida 33064 City/State and Zip Code
Frunklin Propert & 36 (a) Comuni, (com E-mail address: (to he used for future annual report notification)
For further information concerning this matter, please call:
Muthew Hammer at (954) H64-0150 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scritificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franklin Davis Properti	es LLC	<u> </u>
(Name of the Limited Liab (A Flor	pility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>レパのの(863)</u> リ	Company were filed on July	19,2019 Se and assigned
This amendment is submitted to amend the following:	;	10 A
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	~	r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	F., Fl. +1	to all and
	Enter Florida s.	
	City	, Florida 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

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
MGR	Matthew Hammer	1541 N.E. 34th 4.	★ Add
		1541 N.E. 34th 4.	☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
		□ Remove	
			☐ Change
			□ Add
			☐ Remove
			□ Change

•	
•	
,	
(If an ci	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	11/11/19
	Modtfen Hemmer Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00