119000237377

| (Requestor's Name) | _ |
|---|---|
| (Address) | _ |
| | |
| (Address) | |
| (City/State/Zip/Phone #) | — |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| (5551161111561) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | 7 |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|--|
| SUBJECT: | DAVIS M | ′ | <u> </u> |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Davis | Magett | |
| | Davis 1 | Name of Person Magette, LC Pin/Company | <u></u> |
| | 620 Co | Address | rive |
| | Weston | City/State and Zip Code | 326 |
| | Magatled E-mail address: (| to be used for future annual report noti | fication) |
| For further information co | oncerning this matter, please ca | all: | |
| DAVIS MA | 1gette | at (754) | 65-2727 |
| Name of | rerson | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | e 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DAVIS MAGULLO, LLC

| (Numa of the Limited Lightlity Co | mnany as it naw annear | s on our records) | |
|--|--|---|-------------------------------------|
| (Name of the Limited Liability Co (A Florida Lim | ited Liability Company) | s on our records. | |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L 19000 23</u> | oany were filed on | 9/19/19 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the d | esignation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | 25 |
| (Principal office address MUST BE A STREET ADDRES. | <u></u> | | 90 7 |
| | | 4355 | |
| Enter new mailing address, if applicable: | | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | 高。155 |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: | | our records, <u>enter th</u> | ne name of the new |
| New Registered Office Address: | Enter Floi | ida street address | |
| | | . Florida | |
| | City | , 11011011 | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | gent: | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | plete performance of as provided for in (| my duties, and I am fai Chapter 605, F.S. Or, if | niliar with and this document is |
| īſ | Changing Registered A | ent, Signature of New Regi | stered Agent |

If amending Authorized Pérson(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> | <u>Address</u> | Type of Action |
|--------------|---------------|--|-----------------|
| MBR | DAVIS MAgetta | 620 Carrington Drive Weston, FL 33326 | |
| | | Weston, FL 33326 | □ Remove |
| | | | B Change |
| | | · | |
| | | | 🗆 Remove |
| | | | Change |
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| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an el Note: | 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 | October 17th, 2019. |
| | |
| | Signature of a member or authorized representative of a member |
| | Davis Magatte Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00