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(Re	equestor's Name)	· · · ·
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2020 F. F. 11 W. 11: 20

R. WHITE MI 13 CD

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Lorine M Name of Lim	CDaVIH LLC	
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:	
	Lorina	Name of Person	
		Firm/Company	
	95 anchor	Address	
	Indian H	City/State and Zip Code Color the growing to be used for future annual report notific	+ FL 32937
	E-mail address: (celay Ha amoust to be used for inture annual report notific	cation)
For further information ec	oncerning this matter, please co	all;	
Name of	Person	Area Code Daytime	Sow 6 Telephone Number
Enclosed is a check for th	e following amount:		
SL\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	<u>Street Address:</u> Registration Sect Division of Corpo	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

.v. | | 1111:08

5/7/2020-Neply-Please See attached as

FLORIDA DEPARTMENT OF STATE

Division of Corporations

par you request

April 22, 2020

LORINE MCDAVITT 95 ANCHOR DR INDIAN HARBOUR BEACH, FL 32937

I have been working on this Ancie Feb 2020. If it is L 32937 Not Correct Canyou coole no

SUBJECT: LORINE MCDAVITT, LLC

Ref. Number: L20000013042

EV email me?

321720 3066 for inemedavitt and

We have received your document for LORINE MCDAVITT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Incomplete document. The last page is missing. It appears you are trying to update you individual name please update that on page 2 where the persons authorized to manage IIc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 220A00008358

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	e McD I Liability Compa V Florida Limited L		1.7711 AH 7:29
The Articles of Organization for this Limited Lia		were filed on Jan 6, 20	and assigned
Florida document number <u>L26000</u>	13047		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabi	lity company here:	
Eddalorine	MaDa	vitt LLC	
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	Same	
(Principal office address MUST BE A STREET	ADDRESS)		
		C = 0 = 4	
Enter new mailing address, if applicable:	A10	Same	
(Mailing address MAY BE A POST OFFICE B	<u>() </u>		
B. If amending the registered agent and/or re		iddress on our records, <u>enter the n</u>	name of the new registered
agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:	Edda	orne McDavitt	
New Registered Office Address:	95 and	Orne McDavitt Char Drue Emer Florida street address	
	Indian	Emer Florida street address Las box Ru Florida City	1-1 32937 Zap 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>	Name	Address	Type of Action
M62	Eddalorine	95 Ancitor Drue	
Masavi	Masavar	India Harbour Back	□Remove
		Fr 32937	[]Change
			[:]Add
			[]Remove
			□Change
			□Add
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Effectiv	e date, if other than the date of filing:
	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nt's effective date on the Department of State's records.
	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
rd is file	d.
	\mathcal{L}_{1}
Dated _	3/7/2020
	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
	Signature of a member of authorized representative of a member
	Edda Lorine MaDavitt
	\sim 1