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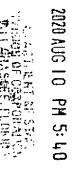
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COVER LETTER

- **→**

Registration Section

TO:

Division of Cor	rporations		
	ARKET, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MATTHEW P. FLORES		
		Name of Person	
	DAVIS MARKET, LLC		
		Firm/Company	
	1333 THIRD AVENUE S	SUITE 505	
		Address	
	NAPLES, FLORIDA 3410	02	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	matt@naplesbaylaw.com		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Matthew P. Flores		239 825-1228 at ()	
Name of Person		Area Code Daytii	me 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 S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee, I			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVIS MARKET, LLC		<u>.</u> 2
(Name of the Limited Liah (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
		9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
The Articles of Organization for this Limited Liability	Company were filed on July 27, 20	220 Sind assigned
Florida document number 1.20000220255	·	The second second
This amendment is submitted to amend the following:		PH 5: 10
A. If amending name, enter the new name of the lin	mited liability company here:	₩. #-
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our records,	enter the name of the new registered
agent and/or the new registered office address here:	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
-	City	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MATTHEW P. FLORES	1333 THIRD AVENUE S, SUITE 505	≡ ∧dd
		NAPLES, FLORIDA 34102	□ Remove
			Change
MGR	BRYAN A. FLORES	1333 THIRD AVENUE S, SUITE 505	\
		NAPLES, FLORIDA 34102	□Remove
			Change
MGR	TAYLOR G. FLORES	1333 THIRD AVENUE S, SUITE 505	🖹 Add
		NAPLES, FLORIDA 34102	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
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f an effective date is l Note: If the date in	ther than the date a sted, the date must be spe serted in this block do e date on the Departm	ecific and cannot be prices not meet the anni	or to date of filing or mo cable statutory filing	(optional) re than 90 days after filing requirements, this date) Premient to 605 000
e record specifies a rd is filed.	lelayed effective date,	, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) Ti	se 90th day after the
Dated August 7		2020	_	0/	
				/ 1 /	

Filing Fee: \$25.00

Typed or printed name of signee