

120 000246679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

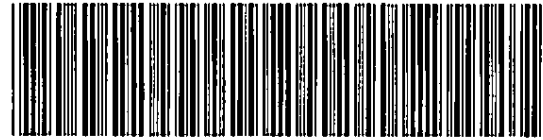
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Davis Family Logistics, 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:

Anthony Davis
Name of Person

Davis Family Logistics, LLC.
Firm/Company

4618 N.W. 42nd Street
Address

Gainesville, FL 32606
City/State and Zip Code

ajdavis1973@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Davis at (352) 682-5883
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Davis Family Logistics, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 08.13.2020 and assigned Florida document number L20000246679.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Davis Family Trucking LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4618 N.W. 42nd St.
Gainesville, FL 32606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4618 N.W. 42nd St.
Gainesville, FL 32606

B. If amending the registered agent and/or registered 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:

Anthony Davis Jr.

New Registered Office Address:

4618 N.W. 42nd St.

Enter Florida street address

Gainesville

City

Florida

32626

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ashley Griggs	4618 N.W. 42 nd St.	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony Davis	4618 N.W. 42 nd St.	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

To whom it may concern. We change our name but do to the IRS and how long it would take to change the name on our EIN we would like the name to be changed back to Davis Family Trucking LLC.

Thank you

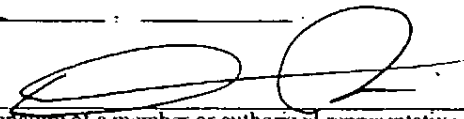
E. Effective date, if other than the date of filing: 8.13.2020 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 2.9.2022



Signature of a member or authorized representative of a member

Anthony Davis

Typed or printed name of signee