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(Requestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL.
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Daviclaud LLC			
			
		Art of Inc. File	
		LTD Partnership File	
		Foreign Corp. File	
		L.C. File	
		Fictitious Name File	
		Trade/Service Mark	
		Merger File	
		Art. of Amend. File	
		RA Resignation	
		Dissolution / Withdrawal	
		Annual Report / Reinstatement	
		Cert. Copy	,
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		Certificate of Good Standing	_
		Certificate of Status	
		Certificate of Fictitious Name	_
		Corp Record Search	
		Officer Search	
		Fictitious Search	
Signature		Fictitious Owner Search	
		Vehicle Search	
		Driving Record	
Requested by: Seth		UCC 1 or 3 File	
Name Date	Time	UCC 11 Search	
		UCC II Retrieval	
Walk-In Will Pick Up		Courier	

COVER LETTER

Tallahassee, FL 32314

TO: Registra Division		tion orations		
	riclaud, L	LC		
SUBJECT:	•	Name of Limi	ted Liability Company	
The enclosed Arti	icles of A	Amendment and fee(s) are subi	nitted for filing.	
Please return all c	correspor	idence concerning this matter t	to the following:	
		D. Howard Stitzel III ,Esq		
			Name of Person	
		Stitzel Law, LLC		
			Firm/Company	
		206 Mason St.		
			Address	
		Brandon, FL 33511		
			City/State and Zip Code	
		howardstitzel@yahoo.com	o be used for future annual report no	titication)
For further inform	nation co	oncerning this matter, please ca	·	,
Howard Stitzet			813 643-8000	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a che	ck for th	e following amount:		
■ \$25.00 Filing	g Fee	S30.00 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)
	Address		Street Address:	
	ration S on of C	section orporations	Registration S Division of Co	
	ox 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daviclaud, L.L.C.		<u> </u>
(Name of the Limited Liability Compa (A Florida Limited I	iny as <mark>it now appears on our records.</mark> Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on August 27, 2020	and assigned
lorida document number L20000256598		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1034 60th Ave. N.	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33703	
	<u></u>	
Enter new mailing address, if applicable:	1034 60th Ave. N.	
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33703	
B. If amending the registered agent and/or registered office	address on our records, enter t	he name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
		
New Desistered Office Address		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		rida

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	<u>Address</u>	Type of Action
MGR	Amber R. Wright	8615 Twinn Farms Place	
		Tampa, FL 33635	=Remove
			Change
			□ Add
			Remove
			Change
			□Add
			□Λdd
			□Remove
			Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			Change

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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Defective date.	be specific and cannot be prock does not meet the app	dicable statutory filing r	(optional) than 90 days after filing.) Pursu equirements, this date will n	ant to 605.02 ot be listed
ne record specifies a delayed The 90th day after the rec	effective date, but ord is filed.	not an effective tim	e, at 12:01 a.m. on th	ne earlier
Dated September 1	2020	. •		
<u> </u>	Barrey List	uthorized representative of		
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Filing Fee: \$25.00