## L21000291697

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(City/State/Zip/Phone #)
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CORUGANY OF STATE
TALL ANASSES, FI

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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

Carmack SUBJECT:	& Davis Capital LLC		
	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Caleb Davis		
		Name of Person	
		Firm/Company	me of Person  Address  ate and Zip Code  for future annual report notification)   (1)  (2)  (2)  (3)  Area Code  Daytime Telephone Number  Daytime Telephone Number  Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee
	11064 Lothmore Rd.	· · · · · · · · · · · · · · · · · · ·	
	Jacksonville, FL 32221	Address	
		City/State and Zip Code	<del></del>
For further information of	E-mail address: concerning this matter, please c	to be used for future annual report not	tification)
Caleb Davis			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
<b>≡</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Registration Se Division of Co The Centre of T	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Carmack	æ	Davis	Ca	oital	LI	.C

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

SECRETAL OF STATE
TALLAHAGSEE, F and assigned Florida document number L21000291697 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 12627 San Jose Blvd. Enter new principal offices address, if applicable: Unit 605 (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32223 12627 San Jose Blvd. Enter new mailing address, if applicable: Unit 605 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32223 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: 12627 San Jose Blvd. Unit 605 New Registered Office Address: Enter Florida street address Jacksonville City

## 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, 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>	Address	Type of Action
MGR	Oliver Carmack	11064 Lothmore Rd.	□Add
		Jacksonville, FL 32221	<del>-</del>
		***************************************	□Change
MGR	Bric Lindstrom	P.O. Box 981298	<u></u> <u>≅</u> Add
		Park City, UT 84098	·
			□Change
MGR	Soye Choi Carmack	214 Wheeler Rd.	<b>≡</b> Add
		Ashby, MA 01431	Remove
			□Change
<u>-</u> _		<del>-</del>	
			□Remove
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		<del></del>	□Add
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Mective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the L	st be specific an lock does not	id cannot be pr meet the app	licable statuto	ing or more than ory filing requi	(option 90 days after firements, this o	ling \ Durcuost	to 605.020 e listed a
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