

121000442978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

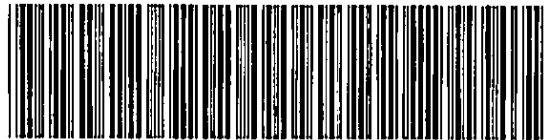
(Business Entity Name)

(Document Number)

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10/22/21--01029--017 **25.00

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T. MATTHEWS

NOV - 1 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LaDavis Villas 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:

Tamal L. Davis
Name of Person

LaDavis Villas LLC
Firm/Company

7223 McCook Ave.
Address

Hammond, IN 46323
City/State and Zip Code

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

For further information concerning this matter, please call:

Averialle L. Davis at (813) 444-3972
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**

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

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The Articles of Organization for this Limited Liability Company were filed on 10/11/2021 and assigned Florida document number L21000442878.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6421 N. Florida Ave
Tampa, Florida
33604 Suite D362

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6421 N. Florida Ave
Tampa Florida
33604 Suite D362

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:

Averielle L Davis

New Registered Office Address:

6421 N. Florida Ave. Suite D362
Enter Florida street address

Tampa, Florida 33604
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.

Averielle L Davis
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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jamal L. Davis	7223 McCook Ave	☐ Add
		Hammond, IN	☒ Remove
		46323	☐ Change
MGR	Averielle L. Davis	6421 N. Florida	☒ Add
	Jamatt	Tampa Florida	☐ Remove
		33604	☐ Change
AMBR	Jamal L. Davis	7223 McCook Ave	☒ Add
		Hammond IN	☐ Remove
		46323	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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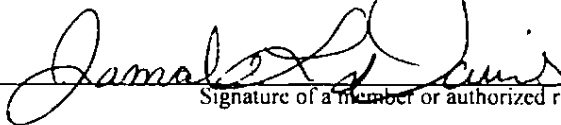
E. Effective date, if other than the date of filing: 10/11/2021 (optional)

(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 October 20, 2021



Signature of a member or authorized representative of a member

Jamal L. Davis

Typed or printed name of signee