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#### **COVER LETTER**

Division of Corpo	rations		
SUBJECT:	foratioDavey	"LLC"	<del></del>
	Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Hora	Hio Cross Name of Person	
	Horati	O Davey "LLL"	
		rirm/Company	
	5877 Wa	Solands Blud, Tam:	arac
		Address	
	Tamarac	FL 33317 City/State and Zip Code	
		City/State and Zip Code	
	Horatio Dave	Y OGMUL.COM  o be used for future annual report noti	fication)
For further information cond	cerning this matter, please ca	ill:	
Itoratio Cra	SS	at (954) 643 Area Code Daytim	5615
Name of Po	erson	Area Code Daytim	c Telephone Number
Enclosed is a check for the f	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:

TO:

**Registration Section** 

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

(Name of the Limited Liability Company as it now appears on our records) UL 1 21 Air 7: 37

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 8:00 AM (x fober 17: 2021) and assigned

Florida document number L21 000445652 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

N/A

Florida

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>	Address	Type of Action
MGR	Horatio Cross	5827 Woodlands Blud, 33319	vZAdd
		Tamarac, FL	□Remove
			□Change
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reffec <u>te:</u> It	e date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
s file	october 18
ted _	October 18 0/18/21 2021
u_	
	Signature of a member or authorized representative of a member
	Horatio Cross