(27000031459

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COVER LETTER

TO:

TO: Registration So Division of Cor			
DAVIS AU			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	indence concerning this matter	_	
	CHEETHAM MORENO,	PHILIP B	
		Name of Person	
	DAVIS AUTOS LLC		
		Firm/Company	
	11055 SW 186TH ST SUI	TE 305	
		Address	
	MIAMI FLORIDA 33157		
		City/State and Zip Code	
	INFO@YMLSERVICE.CC)M to be used for future annual report not	ilication)
For further information c	oncerning this matter, please c		meanon,
YAMEL LORENZO		786 431 2144	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000031459	were filed on 01/18/2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	YML ACCOUNTING SERVICES INC		
(Principal office address MUST BE A STREET ADDRESS)	11055 SW 186th ST SUITE 305		
Frincipus affice unuress most be A STREET ADDRESS	MIAMI FL 33157		
Enter new mailing address, if applicable:	11055 SW 186TH ST SUITE 305		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33157		

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.

MIAMI

11055 SW 186TH ST SUITE 305

City

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida $\frac{33157}{}$

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Change
			□Add
			Remove
			□Add
			□Remove
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□ Change

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Fective date, if other than the an effective date is listed, the date muote: If the date inserted in this bounnent's effective date on the D	lock does not meet the applica	able statutory filing	(optional) e than 90 days after filing requirements, this date) 3.) Pursuant to 605.0. will not be listed
sement's effective date on the b	epartment of Blace's records.			
record specifies a delayed effective is filed.	e date, but not an effective tin	me, at 12:01 a.m. or	the earlier of: (b) Tl	he 90th day after t
nted	. 2023	_·		
P	hilip B Check Signature of a member or author	han Hox	A ()	

Filing Fee: \$25.00