

122 000032437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

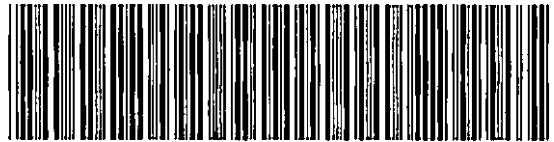
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/18/22--01005--005 **25.00

22 MAR 18 PM 1:22

T. MATTHEWS

MAR 29 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Maxwell Davis Company 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:

Maxwell Shaw

Name of Person

Maxwell Davis Co LLC

Firm/Company

13990 Bartram Park Blvd

Address

jacksonville

City/State and Zip Code

maxwelld.co@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maxwell Shaw

815 280-9683
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Maxwell D. Shaw	13990 Bartram Park BLVD	<input checked="" type="checkbox"/> Add
		Unit 615	<input type="checkbox"/> Remove
		Jacksonville, FL 32258	<input type="checkbox"/> Change
MGR	Kacie J McCracken	13990 Bartram Park BLVD	<input type="checkbox"/> Add
		Unit 615	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32258	<input type="checkbox"/> Change
MGR	Kacie J Shaw	13990 Bartram Park BLVD	<input type="checkbox"/> Add
		Unit 615	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32258	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee