## 122 CCC 211449

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | idress)            |           |
| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | WAIT               | MAIL      |
| (Bu                     | isiness Entity Nam | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    | _         |
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SECRETARY OF STATE

Office Use Only

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## **COVER LETTER**

| TO: Registration Secti<br>Division of Corpo   |   |   |  |            |
|---|---|---|--|------------|
| SUBJECT: Davis                                | Estates/10<br>Name of Limi  | ited Liability Company  |  |            |
| The enclosed Articles of Art                  | nendment and fee(s) are sub-  | mitted for filing.  |  |            |
| Please return all correspond                  | ence concerning this matter   | to the following:   |  |            |
|   | Daniel W  |   |  |            |
|   | Laus Es   | Firm/Company  |  |            |
|   | PO Box 158  | \$79<br>Address   |  |            |
|   |   | Chy/State and Zip Code  Will. Com  to be used for future annual rep |  |            |
| For further information con-                  | cerning this matter, please co  | ill:  |  |            |
| AShlyn T                                      | <u>Savis</u>  | at ( <u>\$50</u> )  | 596-2301<br>Daytime Telephone Number     |            |
| Enclosed is a check for the S25.00 Filing Fee | following amount:  \$\forall \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclose      | S60.00 Filing Certificate o Certified Co | f Status & |
| Mailing Address:                              |   | Street Add  | (additional cop                          |            |

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

| Davis Estate (Name of the Limited Liability (A Florida L  | Y Company as it now appears on our records.) Limited Liability Company)   |                |
|---|---|----------------|
| The Articles of Organization for this Limited Liability Cor<br>Florida document number                        |   | ed             |
| This amendment is submitted to amend the following:   |   |                |
| A. If amending name, enter the new name of the limite   | ted liability company here:   |                |
| The new name must be distinguishable and contain the words "Limite  | ted Liability Company," the designation "LLC" or the abbreviation "L.L.C. |                |
| Enter new principal offices address, if applicable:   | 7022<br>TAL   |                |
| (Principal office address MUST BE A STREET ADDRE  | ESS)  | <u> </u>       |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                          | SSEE. FLORE   | TI<br><u>J</u> |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, enter the name of the new re               | gistered       |
| Name of New Registered Agent:   |   |                |
| New Registered Office Address:  | Enter Florida street address  |                |
|   | Florida   |                |
|   | 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.

If Changing Registered Agent, Signature of New Registered Agent

Le 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 Type of Action Title Name <u>Address</u> Daniel W Davis II \_\_ iXAdd □Remove \_\_\_\_\_ □Change □Add \_\_ □Remove  $\square$ Add \_\_\_\_ Change □Remove \_\_\_\_ □Change □Remove

\_\_\_\_\_ □Change

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| ective date if o                             | ther than the date of   | filing:                                 |                        |  | (optional)        |                 |                     |
| effective date is lis<br>te: If the date ins | sted, the date must be specif<br>serted in this block does<br>e date on the Departmen | ic and cannot be pr<br>not meet the app | licable statut         | ling or more than 90<br>ory filing require | days after filing | ) Pursuant to 6 | 05.020<br>isted :   |
| cord specifies a d<br>s filed.               | delayed effective date, bu  | ut not an effective                     | e time, at 12:         | 01 a.m. on the car                         | lier of: (b) Th   | ie 90th day af  | ter th              |
| ed <u>Ma</u>                                 | y 25  |   | 2.                     | l  |                   |                 |                     |
|  | ( <i>U)</i> /(Signature   | of 3 member or au                       | Morized repre          | sentative of a mem                         | ber               |                 |                     |
|  | $\mathcal{O}$   |   | Davis<br>inted name of |  |                   |                 |                     |

Filing Fee: \$25.00