L22000478356

(Re	equestor's Name)	
(Ad	ldress)	· · · · —
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

то:	Registration Se Division of Cor		• • •	
CHDI	ECT:	J. A. Davis	Real Estate, LLC	
3000		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Jas	on S. Davis	
			Name of Person	
			Firm/Company	
		4873	SW Golfside Drive	
			Address	
		Palı	m City, FL 34990	
		palmo	City/State and Zip Code ityeye@gmail.com	
Une free	desa in Composition of		o be used for future annual report n	otification)
ror ian	Jason S.	oncerning this matter, please ca	772	530-0688
		f Person		ime Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 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 S	Section

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. A. Dav	vis Real Estate, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears (mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	11/07/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here	<u>ē</u> :	
J. S. Davis Real Estate, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRES	<u></u>	· · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	2022 NOV 28 SECRETARY
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our rec	ords, <u>enter the nan</u>	ne of the new registered [
Name of New Registered Agent:	N/A		
New Registered Office Address:	Enter Florid	a street address	
		. Florida	
	City	, rionaa	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 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
	N/A		
			Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Note: If	date, if other than the date of filing: (optional) ive 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), the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	11/16/2022
	Grand Saurio
	Enature of a member or authorized representative of a member
	Jason S. Davis
	Typed or printed name of signee

Filing Fee: \$25.00