

L22000519237

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(City/State/Zip/Phone #)

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2023 JAN 13 AM 7:57
TALLAHASSEE, FL

3/21/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

One Hundred Summers Enterprises, LLC

SUBJECT: _____
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:

Davidson Octave

Name of Person

One Hundred Summers Enterprises, LLC

Firm/Company

3304 N Miami Avenue

Address

Miami, FL 33127

City/State and Zip Code

onehundredsummersllc@gmail.com

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

For further information concerning this matter, please call:

Davidson Octave

954 330-1560

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

One Hundred Summers Enterprises, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 JAN 13 AM 7:57

FILED
STATE
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 12/12/2022
Florida document number L22000519237

and assigned-

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Davidson Enterprise Solutions, LLC

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:

3304 N Miami Avenue Miami, FL 33127

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3240 SW 189th Avenue Miramar, FL 33029

(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

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

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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 7, 2023

Signature of a member or authorized representative of a member

Davidson Octave
Typed or printed name of signee