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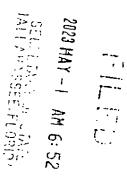
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A. RIVERS
JUN 1 6 2023

COVER LETTER

TO: Registration Sec Division of Cor			
DAVOBEL			
SUBJECT:	Name of Lim	ited Liability Company	***
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Beltadze		
		Name of Person	
	DAVOBEL LLC		
		Firm/Company	
	1602 N 24th Ave		
		Address	
	Hollywood/FL 33020		
		City/State and Zip Code	
	davobel@gmail.com E-mail address; (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c		·
David Beltadze		215 8209892 at ()	
Name o	f Person		c Telephone Number
Enclosed is a check for the	he 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	<u>ss:</u>	Street Address:	

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

DAVOBELLLC				
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our renited Liability Company)	ecords.)		
-	pany were filed on 01/30/2023		_ and as	signed
Florida document number 1.23000052761				
This amendment is submitted to amend the following:				
(Name of the Limited Liability Company as it now appears on our resords.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/30/2023 and assigned clorida document number 1.23000052761 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 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 Florida				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u> </u>	35 G	202	
		- <u>-</u>		
	•	1. <u>1. 1.</u> 1	< 1	 -
Enter now mailing address if applicables		<i>ý</i> :	_	i rect
		<u> </u>	Ĩ	
Mailing address MAY BE A POST OFFICE BOX		<u></u>		
	·		8	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>e</u>	nter the name o	f the ne	w regis
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st re et a	ddress		
<u></u>		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Beltadze	1602 N 24th Ave, Hollywood, FL, 33020	= Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□Add
			□ Remove
			☐ Change
			□Add
			Remove
			□Change

Effective date, if other than the date of filing:	The mending any other	r information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: ((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 (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. 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 ord is filled. Dated April. 18 2023 Signature of a mapple of applicative of a member		
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Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing: (Optional) (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 (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. 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 ord is filed. Dated April. 18 Signature of a member of a member of a member.		
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	Dated April, 18	202 3
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		Signature of a member of a member