## L2300105824

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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
Davshar, I	TC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Monica Padilla		
		Name of Person	
		Firm/Company	
	335 E Mallory Circle		
		Address	
	Delray Beach FL 33483		
		City/State and Zip Code	
	Monicapadilla714@gmail.e	to be used for future annual report no	tification)
For further information	concerning this matter, please o	·	
Monica Padilla		619 850-8055 at ( )	
Nатте (	of Person		ne Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	
Registration Division of (		Registration Se Division of Co	
P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Davshar, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on February 28, 2023 and assigned
Florida document number L23000105824.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
DAVSHAR - Tiara, 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:
(Principal office address MUST BE A STREET ADDRESS)
AR T
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 www registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
m
, 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
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			□ Change
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			□ Remove
			Change

If amending any other info	rmation, enter change(s) here: (Attach addit	tional sheets, if necessary.)
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If an effective date is listed, the date Note: If the date inserted in the	the date of filing:  must be specific and cannot be prior to date of filing or is block does not meet the applicable statutory filine Department of State's records.	more than 90 days after filing.) Pursuant to 605.0207 (ing requirements, this date will not be listed as t
e record specifies a delayed eff rd is filed.	ective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
Dated March 14	2023	
	Signature of a member or authorized representative	re of a member
۱ Monica Padilla		
	Typed or printed name of signee	

Filing Fee: \$25.00