## L23000165198

(Req	uestor's Name)	
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(Ćity,	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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S. FRANKY JUL 2513

## **COVER LETTER**

TO:	Registration Secti Division of Corpo						
SUBJE	ст:	AVIS	PRIM	1E SEI	RVICES	S LL	C
			Name of Limi	ited Liability Cor	npany		
The end	losed Articles of An	nendment and	fee(s) are sub	mitted for filing	3.		
Please r	eturn all correspond	ence concernin	g this matter	to the following	3:		
			Hanno	Name of I	<u>DaviS</u> Person	•	
				Firm/Con	npany		
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			Sara	Sota 1	C1 71	J 7 7 7 CL	
			ONTO	Sota City/State and	Zip Code	1202	
	-	1:	davis	victor9 o be used for fut	22 @gr	nail.co	on)
For furt	her information cond				are william rep	or nomedia	,
		_	•	<b>a</b> .			_
V	Ctor E. Name of Pe	<u>Davi's</u>	-	at ( Area		21 <i>0 - 87</i> Daytime Tele	275 ephone Number
						27 Wy 11110 1 W	
Enclose	d is a check for the f	ollowing amou	ınt;				
<b>⊠</b> \$25	.00 Filing Fee	□ \$30.00 Filii Certificato	_	S55.00 F Certified (additional	•	ed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations			Street Addr Registration Division of The Centr 2415 N. M. Tallahasse	on Section of Corpora e of Talla Monroe Sti	ntions hassee reet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVIS PRIME	SERVICES LLC
(A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing the Florida document number <u>L23000165198</u> .	any were filed on $04/03/2023$ and assigned
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 L	iability 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	
	<u></u>
	1
Enter new mailing address, if applicable:	-o
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
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 Age	ent:
provisions of all statutes relative to the proper and compl	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
MGR	Victor E. Davis	4747 10th St Sarasota, FL	_ 34232 EAdd
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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of fili.  e: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:0: sfiled.	1 a.m. on the earlier of: (b) The 90th day after
ed May 30 , 2023.	