

L240000099671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

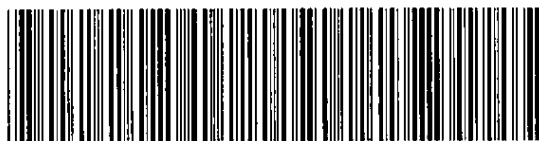
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 MAY -3 PM 2:29

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVENPORT CAPITAL GROUP

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:

HAROLDO BARROS

Name of Person

DANPOL DEVELOPMENT LLC

Firm/Company

7540 EXCITEMENT DRIVE

Address

REUNION FL 34747

City/State and Zip Code

haroldobarros@brensus.com

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

For further information concerning this matter, please call:

HAROLDO BARROS

407 9222245
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

DAVENPORT CAPITAL GROUP

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 _____ and assigned
Florida document number 124000090671

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6660 OSCEOLA POLK LINE RD

(Principal office address MUST BE A STREET ADDRESS)

DAVENPORT FL 33896

Enter new mailing address, if applicable:

6660 OSCEOLA POLK LINE RD

(Mailing address MAY BE A POST OFFICE BOX)

DAVENPORT FL 33896

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:

MICHEL PIRES

New Registered Office Address:

6660 OSCEOLA POLK LINE RD

Enter Florida street address

DAVENPORT

Florida 33896

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>	<u>Address</u>	<u>Type of Action</u>
MGR	TOKINVEST LLC	1711 AMAZING WAY, STE 213	<input checked="" type="checkbox"/> Add
		OCOEE, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MR. AMERICA EXPORT LLC	6660 OSCEOLA POLK LINE RD	<input checked="" type="checkbox"/> Add
		DAVENPORT FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANPOL DEVELOPMENT LLC	3617 US HWY 17-92 NORTH	<input type="checkbox"/> Add
		DAVENPORT FL 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 (3)(b) **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 September, 10th 2024

Haroldo Barros

Filing Fee: \$25.00