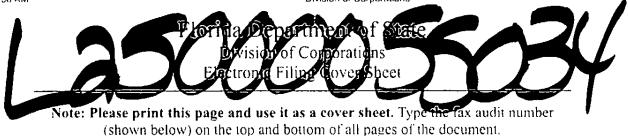
4/23/25, 9:36 AM

Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| mail | Address: | |
|------|----------|--|
| | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARPENTER & DAVIS CONSTRUCTION LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$55.00 |

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From: Redhike Wegh

COVER LETTER

| | Registration Se Division of Cor | | | |
|--------------|------------------------------------|--|---|--|
| SUBJECT | Carpenter o | & Davis Construction LLC | | |
| SUBJEC | · | Name of Limit | ed Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are subn | nitted for filing. | |
| Please retu | ırn all correspo | ondence concerning this matter to | o the following: | |
| | | Erik Treutlein | | |
| | | ## Davis Construction LLC Name of Limited Liability Company | | |
| | | Legalzoom.com, Inc. | Construction LLC Name of Limited Liability Company ent and fee(s) are submitted for filing. oncerning this matter to the following: Treutlein Name of Person Izoom.com. Inc. Firm/Company 1 Domain Dr., Suite 200 Address in, TX 78758 City/State and Zip Code adavis2021@yahoo.com E-mail address: (to be used for future annual report notification) 2 this matter, please call: 1 800 Area Code T73-0888 Daytime Telephone Number 1 800 Filing Fee & S55.00 Filing Fee & G60.00 Filing Fee. | |
| Firm/Company | | | | |
| | | 11501 Domain Dr., Suite 20 | 00 | |
| | | | Address | |
| | | Austin, TX 78758 | | |
| | | | City/State and Zip Code | |
| | | ŭ. | | |
| | | E-mail address: (to | be used for future annual report notif | ication) |
| For further | r information c | oncerning this matter, please cal | I: | |
| Erik Treu | tlein | | at () | |
| | Name o | f Person | Area Code Daytime | e Telephone Number |
| Enclosed i | s a check for the | ne following amount: | | |
| \$25.00 |) Filing Fee | - | Certified Copy | Certificate of Status & Certified Copy |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

From: Radhika Wagh

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company) | s on our records.) | | |
|--|---|--|--|
| The Articles of Organization for this Limited Liability Company were filed on 01 Florida document number 1.25000055034 | /31/2025 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability company he | ere: | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the d | esignation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | (S) | | |
| Enter new mailing address, if applicable: | | | |
| | | | |
| Training duaress MAT BE AT OST OFFICE BOM | +- | | |
| B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent: | our records, enter the name of th | | |
| New Registered Office Address: | | | |
| new registered Office Address. | ida strvet address | | |
| Enter rio | , Florida | | |
| | Florida | | |

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.

/S/
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:

From: Radhika Wagh

MGR = Manager AMBR = Authorized Member

To:

| <u>Title</u> | <u>Name</u> Austin C Davis | Address 860 Palm Ave | Type of Action |
|--------------|-------------------------------|-------------------------|----------------|
| AMDR | | Englewood | ∃ Add |
| | | | ☐ Remove |
| | | FL 34223 | ☐ Change |
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| | * Page: 6-of 6 | 2025-04-23 09:41:58 PDT | LegelZoom.com, Inc. | From; Radhika V |
|---------|---|---|---|--|
| D. If a | mending any other informa | tion, enter change(s) here: (Attach e | additional sheets, if necessary.) | |
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| Not | ective date, if other than the effective date is listed, the date must be the date inserted in this blument's effective date on the D | date of filing: the specific and cannot be prior to date of filing ock does not meet the applicable statutor epartment of State's records. | (optional) ng or more than 90 days after filing.) Pursuar ry filing requirements, this date will not | t to 605.0207 (3)(b) be listed as the |
| | record specifies a delayed he 90th day after the rec | d effective date, but not an effec ord is filed. | tive time, at 12:01 a.m. on the | earlier of: |
| Date | ed April 23 | . 2025 | | |
| | /S/ Katelin Noell | e Davis | | |
| | | Signature of a member or authorized represe | entative of a member | |
| | | | | |
| | Katelin Noelle Davis | | | |
| | | Typed or printed name of sig | enec | |

Page 3 of 3

Filing Fee: \$25.00