# M1800000917a

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### CT Corp.

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 10/13/18

		Acc#I20160000072	25370
Name:	IDIL Da	vieG, LLC	
Document #:			
Order #:	11.19295		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:		• .	
Apostifle/Notarial Certification:		Country of Destination: Number of Certs:	
Filing:	Certified: Plain: COGS:		
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	55-00	
	,		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of
State: HDIL Davie G, LLC	· · · · · · · · · · · · · · · · · · ·
Enter new principal office address, if applicable:	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- Co (1)
2. The Florida document number of this limited lial	bility company is: M18000009172
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 10/08	8/2018
SECTION II (5-9 complete only the applicable c	
5. New name of the limited liability company: Da (must	avie G, LLC toontain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed officer address on our records, enter the name of the new ldress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
<del></del> -	, Florida City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	nt and agree to act in this capacity. I further agree to compl and complete performance of my duties, and I am familiar ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the I

Fitle/ Capacity	<u>Name</u>	Address	Type of Actio
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		<del></del>	Remov
			Add
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			BAdd!
			Remove
			Add
			Add
aforementioned amo	eate, if required; no more than 90 dandment(s), duly authenticated by the law of which this entity is organized.	ne official having custody of record	Remo

Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "IDIL DAVIE G, LLC",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "DAVIE G,

LLC" ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2018, AT 5:49 O'CLOCK

P.M.



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7087802 8320 SR# 20187153700

Authentication: 20361

Date: 10-1