## P20000089553

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: DAVIS Family Hauling and Removal I	- ۱۸۲
DOCUMENT NUMBER: Y2000008955.3	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Charice WARD DAVIS Name of Contact Person	
781 NW 187 th DRIVE	
Miani Fl. 33169	
City/ State and Zip Code  MM davis family a yahoo. com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Charice Ward Davis at 786,389-0060  Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Status Certified Copy Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation

	of		
Davis' Family H	auling an	el Remova	1, Inc.
Name of Corporati	on as currently filed with	the Florida Dept. of Stat	<u>e</u> )*
T Z 00000 8°	ラング		
	nent Number of Corporation	•	12)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Prof</i>	It Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
Davis Family Hay	ling and K	emous / T	·
name must be distinguishable and contain the word "co"Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	orporation," "company," or " or "Co". A professiona viation "P.A."	"incorporated" or the ab al corporation name mus	The new breviation "Corp.," at contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u> )		
D. If amending the registered agent and/or register	ed office address in Florid	la, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	<del></del> ,	(Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	stered Agent:   am familiar with and accep	ot the obligations of the p	osition.
Signa	ture of New Registered Age.	nt if changing	
	imie oj itew negisiereu Age.	т, у спапуту	
Check if applicable			

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
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an amendment provides for	an exchange reclas	sification or can	ellation of inqued a	hausa	
rovisions for implementing t	the amendment if no	ot contained in the	e amendment itself	:	
(if not applicable, indicate	N/A)			_	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no	nore than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	et the applicable statutory filing requirements, this date will not be listed as the s records.
Adoption of Amendment(s) (CHECK	<u>ONE</u> )
The amendment(s) was/were adopted by the incoraction was not required.	orators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appre	olders. The number of votes cast for the amendment(s) al.
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting grounds.	cholders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendme	u(s) was/were sufficient for approval
by	vi
by(voting g.	oup)
spected, by an incorporal appointed fiduciary by the	_
<u>Clarie</u>	e Ward Davis
(Туре	or printed name of person signing)
P	
(Title	f person signing)