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COVER LETTER

Division of Corp	porations				
DB MLK, L	LC				
		ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspor	ndence concerning this matter t	to the following:			
	gg	io inv iono ning.			
		Name of Person			
	Dahl Brothers, LLC				
Firm/Company					
	600 N. Westshore Blvd. Su	ite 600			
		Address			
	Tampa Fl. 33609				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		o be used for future annual report notific	ation)		
For further information co	ncerning this matter, please ca	11:			
Name of	Person	at () Area Code Daytime	Telephone Number		
		·	•		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our recordinited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Cor Florida document number L16000217376	mpany were filed on 11/30/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
DB MLK STREET, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
		on the second se
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
·		1832 F 18-
		3 m
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ls, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss
		lorida
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
			Change
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an effective date is listed, the date lote: If the date inserted in this	must be specific and canno	ot be prior to dan	e of filing or mo	re than 90 days afte	er filing.) Purs	suant to	605.020 listed as
ocument's effective date on th				,			
e record specifies a dela The 90th day after the	yed effective date, record is filed.	but not an	effective ti	me, at 12:01	a.m. on t	he ea	rlier o
December 28 ated	201	6					
acca							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00