## L05000/2/30/

(	(Requestor's Name)
(	(Address)
	(Address)
(	(City/State/Zip/Phone #)
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	(Document Number)
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## **COVER LETTER**

TO: Registi Divisio	ration Section on of Corporations		
SUBJECT:	Dickinson old middle	burg, LLC	
	(Name of Lim	ited Liability Company)	***************************************
The enclosed A	rticles of Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
		(Name of Person)  Sheds LLC (Firm/Company)	FILED 2009 APR 23 PH 3: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	216-A	S. MacDill Ave (Address)	FLORIE
	Tamp	(City/State and Zip Code)	<del></del>
For further infor	mation concerning this matter, please or	all:	
J. Ea	(Name of Person)	at ( <u>8/3)</u> 879-352 (Area Code & Daytime To	elephone Number)
Enclosed is a che	eck for the following amount:		
□ \$25.00 Filing	3 Fee \$\bigain \bigai \square \square \text{\$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:	STREET/COURIER	ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Dickinson Of Name of the Limited Link (AF	od Middle E <b>ability Company</b> lorida Limited Lia	owa , LLC v as it now appears ability Company	ears on ou	ır records.)		-		
The Articles of Organization for this Limited Liab Florida document number <u>405000/2/30/</u>		vere filed on	12/20	/2005	and	assign	ned	
This amendment is submitted to amend the follow	ring:							
A. If amending name, enter the new name of the	ne limited liabil	ity company h	ere:					
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	d Liability Com	pany," the	e designation '	<u> </u>	<b>=</b>		
Enter new principal offices address, if applicab	le:	210-A	S. M	acDill A		A P.R	77	
Principal office address MUST BE A STREET.	ADDRESS)	Tampa	FL	1acDill Av 33609	AR SS	<u>ي</u>	T	
		,			mg :	₽	T	
Enter new mailing address, if applicable:		210-A Tampa	S.M.	acDill Ave	STATE	<u>မှ</u>	<u> </u>	
Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	Tampa	FL :	33609				
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered offi	ce address or					the new	
Name of New Registered Agent:	J. Edwa	ird Dicki	nson				<del>.</del>	
New Registered Office Address:	J. Edward Dickinson  218-A S. MacDill Are							
		(	Enter Fie	oriaa sireei a	•	_		
Tai		MPA (City)		_, Florida _	<u> 3360</u>	33609		
Now Desistant Agent) Signature if shousing Desistant		(City)			(Zip C	Code)		

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 608, 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 Begistered Agent, Signature of New Resistered Agent)

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Dickinson, Walter D. One Independent Drive, Ste 2401 (Acksonville FL 32202 \_ Add Remove Ed's Sheds LLC MGR Remove J. Edward Dickinson MGRM Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member U Edward Dickinson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00