11/17/2016

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number: 075350000514 Phone : (727)442-1200

: (727)443-5829 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DADDA HOLDINGS, LLC

Certificate of Status Certified Copy 03 Page Count \$25.00 Estimated Charge

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Audit Fax# H16000 2840073

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DADDA HOLDINGS, L (Name of the Limited Liability Company as it n (A Florida Limited Liability C	LC low sub- company	eats on our records.)		-	
The Articles of Organization for this Limited Liability Company were it	filed _	04/01/2008	and a	assigned	
on Florida document number 108000033353					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability cor	npany	here:			
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the	e designation "LLC" or the		1, <u>25</u> 0."	-
Enter new principal offices address, if applicable:			22	: 72	
(Principal office address MUST BE A STREET ADDRESS)			<u>2,5</u>	-	
			77.2	<u></u>	'n
			3. F. S	ט	<u></u>
Enter new mailing address, if applicable:			무닭	<u> </u>	_
(Mailing address MAY BE A POST OFFICE BOX)			- TE	<u>~~</u>	-
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	dress		er the nam	e of the	<u>new</u>
Name of New Registered Agent:				·	-
New Registered Office Address:			- <u>-</u> -		
Enter Florida street address					
		, Florida Zψ Code			
City New Registered Agent's Signature, if changing Registered Agent:	,		ZIÞ Соо	i.e	
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perform					the

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

H160002840073

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 = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	DSM MANAGEMENT, L.L.C.	1245 COURT STREET	🗖 Add
		CLEARWATER, FL 33756	🏿 Remove
			Change
MGR_	DSTM MANAGEMENT, L.L.C., a Florida LLC	1245 COURT STREET	_tXAdd
		CLEARWATER, FL 33756	🗆 Remove
			Change
			[2] Add
			🗆 Remove
			Change
			D Add
			🖸 Remove
			_□ Change
			🗆 Add
		25 rm 17 (5) 17 (20) 18 (20) 24 (17)	Remove
		SAN	Change
			Add D
		FEORIDA	_GPRemove ₩ Change

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D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)		_
			- <u>.</u>		
		·		<i></i>	
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					nt-Parkyn
					
					
					
					
					 -
					
					
_			!a=aD		
E.	Note	(optime date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records.	r filing.) P	ursuant to Il not be	o 605.0207 (3)(b) e listed as the
If (b	the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed.	a.m. or	the e	arlier of:
	Dated	Nov. 17 2016			
	Date	D. Aug		2015	
		Signature of a member or authorized representative of a member	<u> </u>	• 6	
			ASS	***	
		ALAN S. GASSMAN, Authorized Representative Typed or printed name of signee	- TOP	77	<u> </u>

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