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(Re	equestor's Name)			
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(City/State/Zip/Phone #)				
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

OCT 2 2009

EXAMINER

COVER LETTER

	ation Section n of Corporations	
SUBJECT:	DLH SIXTH STREET, LLC Name of Limited Liability Company	
	ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:	
	ANGELA L. BOWEN Name of Person	
	SALTER, FEIBER, MURPHY, HUTSON & MENET, P.A. Firm/Company	
	3940 NW 16th Blvd., Bldg. B Address	
	Gainesville, Florida 32605 City/State and Zip Code	09 00 08 00 08 07
For further inform	E-mail address: (to be used for future annual report notification) mation concerning this matter, please call:	T-I A
	la L. Bowen at (352) 416-0428 Name of Person Area Code & Daytime Telephone Number	PILED DCT-1 MIII: 23 TETARY OF STATE WHASSEE, FLORIDA
Enclosed is a che \$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	e of Status &

MAILING ADDRESS:

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**

(<u>Name of the Limited Liabi</u> (A Flori	l <mark>ity Company as it no</mark> da Limited Liability Co	w appears on our records.) mpany)	. <u> </u>
The Articles of Organization for this Limited Liability	y Company were filed	l on <u>09-18-09</u>	and assigned
lorida document number <u>L09000090538</u>	 ·		
his amendment is submitted to amend the following	:		
a. If amending name, enter the new name of the l	imited liability comp	oany here:	
he new name must be distinguishable and end with the	words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviati
Inter new principal offices address, if applicable:			<u> </u>
Principal office address MUST BE A STREET AD	DRESS)		- C-C
			N C TI
			SER -
nter new mailing address, if applicable:			7° € M
Mailing address MAY BE A POST OFFICE BOX)			Con E O
			10 mg
3. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:			r the name of the no
New Registered Office Address:	1110 NW 6th	Street	
New Registered Office Hadress.	Enter Florida street address		
	Gainesville	, Florida	32601
	City		Zip Code

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 tonfirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	Denise L. Hutso	n 3940 NW 16th Blvd., Bldg. B Gainesville, FL 32605	3
MGMR	Bennett A. Huts	on 1110 NW 6th Street Gainesville, FL 32601	Add ☐ Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	<u> </u>		09 OCA LAHA SET
D. If an	nending any other information	, enter change(s) here: (Attach additional sheets, if necess	MII: 23
Dated _	September 28	re of a member or authorized representative of a member	
	BENNETT A. H		NCN

Page 2 of 2

Filing Fee: \$25.00