

L10000061699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

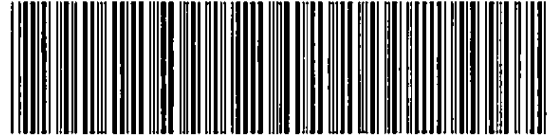
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/24/19--01004--015 **30.00

19 JUL 24 PM 12:24

2019 JUL 24 AM 10:36

JUL 25 2019

M. SOLOMON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Dawson Family, LLC

Signature _____

Requested by: Seth

07/24/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
☒ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dawson Family, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne W. Dawson

Name of Person

Dawson Family, LLC

Firm/Company

One Beach Drive SE, Unit 1106

Address

St. Petersburg, FL 33701

City/State and Zip Code

Pat@Jensentaxlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne W. Dawson

727 463-1964
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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**

Dawson Family, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 9, 2010 and assigned
Florida document number L10000061699

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mark C. Dawson	One Beach Dr SE, Apt 1106 St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anne W. Dawson	116 26th Ave NE St. Petersburg, FL 33704	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 23, 2019


Signature of a member or authorized representative of a member

Mark E. Dawson as POA for Dr. Peter E. Dawson
Typed or printed name of signer

ORIGINAL HELD BY
BRONSTEIN, CARLSON, GLEIM,
SHASTEEN & SMITH, P.A.
150 Second Avenue North, Suite 1100
St. Petersburg, FL 33701

DURABLE GENERAL POWER OF ATTORNEY

I, PETER E. DAWSON, hereby appoint my son, MARK C. DAWSON, but if he is not living or is incapacitated then my daughter, ANNE W. DAWSON, my true and lawful attorney (my "attorney-in-fact"), for me and in my name, place and stead, to act in, manage and conduct all my affairs and to transact for me all and every kind of business whatever. For this purpose, my attorney-in-fact shall be deemed incapacitated if in the written opinion of two licensed physicians, he or she cannot handle his or her own financial affairs.

1. When Effective. This Power of Attorney shall be effective immediately when I have signed it.

2. Specific Powers. My attorney-in-fact shall have all of the powers of an absolute owner over my assets and liabilities, whether real or personal, wherever located, including without limitation the following powers:

2.1 To purchase, lease, sell, exchange, assign, pledge or encumber all kinds of property, real and personal, including my homestead;

2.2 To sign my name to any note, bond, draft, deed or any other instrument;

2.3 To enter any safe deposit boxes which are in my name;

2.4 To withdraw funds from any accounts or certificates of deposit and to write checks on any accounts which are in my name at any bank, savings and loan association, brokerage company, mutual fund or any other financial institution;

2.5 To sell, transfer or convey any stock certificates or bonds which are in my name;

2.6 To endorse, cash and/or deposit any and all checks, drafts or money orders made payable to me or in which I may have an interest;

2.7 To ask, demand, sue for, recover, collect and receive all sums of money, debts, dues, accounts, legacies, bequests, interests, dividends, annuities and demands whatsoever as are now or shall hereafter become due, owing, payable or belong to

me and to have, use or take all lawful ways and means in my name or otherwise for the recovery thereof;

2.8 To transact all and every kind of business of every kind and description, including without limitation the power to vote any stocks or securities which I may own;

2.9 To provide for, and enter into contracts for, the support, maintenance, health emergencies, and urgent necessities of me whether or not I am disabled or incompetent;

2.10 To represent me and appoint others to represent me in all tax matters before all officers of the Internal Revenue Service and any State Department of Revenue; to make and verify income tax returns (whether joint income tax returns or individual), claims for refund, requests for extension of time and consents in my name; and to execute petitions to the Tax Court and complaints in Federal and State courts and cause me to be represented in such proceedings;

2.11 To make and file disclaimers under federal or state law;

2.12 To make gifts of my property each calendar year of amounts up to the annual gift tax exclusion, as determined for federal gift tax purposes, to or for each of my descendants or in trust for the benefit of the foregoing persons;

2.13 To transfer ownership of my interest in all kinds of property, real and personal, including my homestead, to the Trustees or Successor Trustees of the Peter E. Dawson Family Trust, dated October 16, 1973, as amended and restated May 30, 1995, as that trust now exists or is hereafter amended, Peter E. Dawson, Settlor; and

2.14 To execute, deliver and complete any and all documents necessary to manage any IRA of mine and assign or direct the distributions from any IRA of mine to the Trustees or Successor Trustees of the Peter E. Dawson Family Trust, dated October 16, 1973, as amended and restated May 30, 1995, as that trust now exists or is hereafter amended, Peter E. Dawson, Settlor, and if such assignment or direction of distributions is made to my revocable trust, then my attorney-in-fact shall also have the power and authority to begin or increase the distributions from any such IRA.

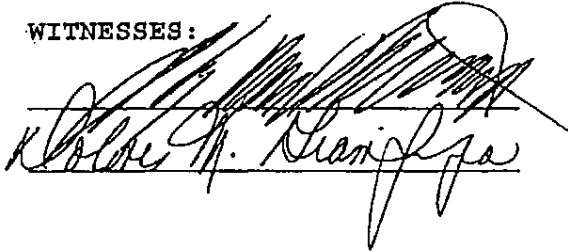
3. Time. This Power of Attorney shall not be rendered ineffective by the passage of time, and the passage of time from the date of execution shall not be reason for a person dealing with my attorney-in-fact to refuse to rely on this Power of Attorney.

4. Reliance. My attorney-in-fact and all persons dealing with my attorney-in-fact shall be entitled to rely upon this Power of Attorney as long as such person has not received knowledge or notice of any revocation or termination of this Power of Attorney by death or written instrument.

5. Durable Power. This is a Durable Power of Attorney made in accordance with Florida Statutes, Section 709.08, and this Durable Power of Attorney shall not be affected by my incapacity, except as provided by statute.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 3 day of May, 2010.

WITNESSES:




PETER E. DAWSON

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing was acknowledged before me this 3rd day of May, 2010, by PETER E. DAWSON, who is personally known to me or produced N/A as identification.


Notary Public

210739

