## 4600054059

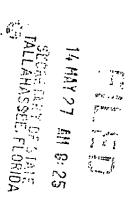
| (Re                     | questor's Name)   | · · · · · · · · · · · · · · · · · · · |
|-------------------------|-------------------|---------------------------------------|
| (Ad                     | dress)            |                                       |
| (Ad                     | dress)            |                                       |
| (Cit                    | y/State/Zip/Phon  | e #)                                  |
| PICK-UP                 | ☐ WAIT            | MAIL                                  |
| (Bu                     | siness Entity Nar | me)                                   |
| (Do                     | cument Number)    | 1                                     |
| Certified Copies        | _ Certificate:    | s of Status                           |
| Special Instructions to | Filing Officer:   |                                       |
|                         |                   |                                       |
|                         |                   |                                       |
|                         |                   |                                       |

Office Use Only



300259246943

04/28/14--01010--019 \*\*25.00





May 5, 2014

STEVEN WILSEY 1000 16TH ST N ST PETERSBURG, FL 33705

SUBJECT: DAWSON AVE. PROPERTIES, LLC

Ref. Number: L14000056059

We have received your document for DAWSON AVE. PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 714A00009469

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |   |
|--|---|---|---|
| SUBJECT. Daws                          | son Ave. Prope                                  | erties, LLC   |   |
| SUBJECT:                               |   | ited Liability Company  |   |
|  |   |   |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please return all correspo             | ndence concerning this matter                   | to the following:   |   |
|  | Steven M. V                                     | Vilsey  |   |
|  |   | Name of Person  |   |
|  | Fisher and \                                    | Vilsey, PA  |   |
|  |   | Firm/Company  |   |
|  | 1000 16th S                                     | treet North   |   |
|  |   | Address   |   |
|  | St. Petersbu                                    | ırg, FL 33705   |   |
|  | swilsey@fisher-v                                | City/State and Zip Code   |   |
| •                                      |   | to be used for future annual report notif                           | ication)  |
| For further information c              | oncerning this matter, please c                 | all:  |   |
| Steven M.                              | Wilsey  | at (727) 898-1  | 181   |
| Name o                                 | f Person  | Area Code Daytime   | Telephone Number  |
|  |   |   |   |
| Enclosed is a check for the            | ne following amount:                            |   |   |
| ■ \$25.00 Filing Fee                   | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Ave. Properties,  |   |   |                           |
|--|---|---|---------------------------|
| (Name of the Limit   | t <mark>ed Liability Compa</mark><br>(A Florida Limited I | ny as it now appears on our records.)<br>Liability Company) | <del></del>               |
| The Articles of Organization for this Limited L Florida document number L14000056059                     |   |   | and assigned              |
| This amendment is submitted to amend the foll  | owing:  |   |                           |
| A. If amending name, enter the new name o  | f the limited liab  | ility company here:   |                           |
| The new name must be distinguishable and end with the  | words "Limited Liab                                       | oility Company," the designation "LLC" or                   | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) |   | 200 2nd Ave. South, #156                                    |                           |
|  |   | St. Petersburg, FL 33701                                    |                           |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)                        | <u>BOX)</u>   | 200 2nd Ave. South, #156<br>St. Petersburg, FL 33701        |                           |
| B. If amending the registered agent and registered agent and/or the new registered o                     |   | <u>e</u> :  | ter the name of the ner   |
| New Registered Office Address:   | 200 2nd Av  | ve. South, #156   | Contraction of the second |
|  | St. Petersb   |   | 33791-4313 (T)            |
|  |   | 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name <u>Address</u> **Type of Action** 200 2nd Ave. South, #156 <sub>■ Add</sub> Michael Mitchell MGR St. Petersburg, FL 33701-4313 Remove 1000 16th Street North Steven M. Wilsey MGR St. Petersburg, FL 33705 Remove □ Add ☐ Remove

| ctive date, if oth                                 | her than the date of filing:(or  | ptional)              |
|--|--|-----------------------|
| ffective date must be<br>late this document is     | be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 date is filed by the Florida Department of State) | ptional)<br>sys after |
| ffective date must be<br>ate this document is      | be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 date is filed by the Florida Department of State) | ptional)<br>ays after |
| Tective date must be<br>ate this document is       | be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 date is filed by the Florida Department of State) | ptional)<br>iys after |
| fective date must be<br>te this document is        | be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 date is filed by the Florida Department of State) | ptional)<br>ys after  |
| ffective date must be                              | be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 dates filed by the Florida Department of State)   | ptional)<br>ys after  |
| fective date must be te this document is  April 23 | be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 date is filed by the Florida Department of State) | ptional)<br>yys after |

Page 3 of 3

Filing Fee: \$25.00

14 MAY 27 AH 8: 25
SECRETARY CONTRACTORINA