

L15000090067
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000055934 3)))



H160000559343ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN
Account Number : 076077001654
Phone : (813) 273-4229
Fax Number : (813) 273-4396

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

Email Address:

FLAKTAMPA@MACFARLANE.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DWD 6TH ST, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2016 MAR -3 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR -3 AM 10:09

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 04 2016
J. HARRIS

(((H16000055934 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DWD 6th St, 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 May 21, 2015 and assigned
Florida document number L15000090067

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 "L.L.C."

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

(((H16000055934 3)))

(((H16000055934 3)))

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	Donna Haynes Barrs 2008 Trust		☐ Add
	Bradley C. Tushaus / Susan Elizabeth Lang, Co-Trustees of the Haynes Trust D, created under irrevocable agreement, dated September 26, 1990		☒ Remove
			☐ Change
MGR		5716 Gordon Avenue, Tampa, Florida 33611	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

16 MAR 3 11:10:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

(((H16000055934 3)))

((PH160000659348))) Information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

3.3. 2014

Rebecca Sharp

Signature of a member or authorized representative of a member

Rebecca Johns

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

16 MAR -3 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10

((H16000055934 3)))