## 16000052906

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	)
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K.SALY EXAMINER MAR 28

## **COVER LETTER**

DTUDI	1.0		
DTH JR L SUBJECT:			
	Name of Limited	Liability Company	
he enclosed Articles of	Amendment and fee(s) are submit	ted for filing.	
lease return all corresp	ondence concerning this matter to t	he following:	
	David Heaslip		
		Name of Person	
	Marcus & Millichap		
		Firm/Company	
	5201 Blue Lagoon Drive, Sui	te 100	
		Address	
	Miami, FL 33126		
		City/State and Zip Code	· · ·
	dheaslip04@yahoo.com	e used for future annual report n	otification
For further information	concerning this matter, please call:		otification)
David Heaslip		727 244-2705	
Name	of Person	Area Code Days	ime Telephone Number
Enclosed is a check for	he 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 enclose

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



DTH JR LLC

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

	were filed on $\frac{3/15/2016}{}$ and assignment	gned
Florida document number L16000052906		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
David Thomas Heaslip Jr LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L	.C."
Enter new principal offices address, if applicable:	4	
(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 off registered agent and/or the new registered office address here		of the new
Name of New Decistored Asserts		
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Entar Elorida streat address	
	Enter Florida street address	
	, Florida	

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:			ng added	
MGR = Manager AMBR = Authorized Member		Address  Address		
<u>Title</u>	<u>Name</u>	Address  ALLAHASSEE STATE -	ction	
	America Control of the Control of th	Add		
		Remov	ve .	
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		Change	;	
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		Remove	;	
		Change		

•	MAR 25 PH
	h additional sheets, if necessary.)  2016 MAR 25 PM 2: 1
	ALLASSEE, FLORID.
	, reducer .
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of  Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3 atory filing requirements, this date will not be listed as the
he record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	
Dated Merch 22 <sup>nd</sup> , 2016.  Signature of a member or authorized repr	
1661	

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Typed or printed name of signee

Filing Fee: \$25.00