

Division of Corporations

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**LLC 0000 SS 777**

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

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To:

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

From:

Account Name : DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L.  
Account Number : I20020000137  
Phone : (904) 301-1269  
Fax Number : (904) 301-1279

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

Email Address:

jll@dmphlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RWK 7403 103RD, LLC**

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TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 14 AM 8:11

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### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RWK 7403 103RD, 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:

Jeannette Ladnier

Name of Person

Driver, McAfee, Peek & Hawthorne, P.L.

Firm/Company

One Independent Dr., Suite 1200

Address

Jacksonville, FL 32202

City/State and Zip Code

jll@dmphlaw.com

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

For further information concerning this matter, please call:

Jeannette Ladnier

at ( 904 )

807-8201

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RWK 7403 103RD, 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 3/18/2016 and assigned  
Florida document number L16000055333.

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

, Florida

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

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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	Rose W. Kanner	1331 Heron Point Rd.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

16 APR 14 AM 8:11  
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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 April 14, 2016

Baro W. Karker

Signature of a member or authorized representative of a member

**Rose W. Kanner**

Typed or printed name of signee