L17000207668

JAN-03-2018 16:39

Division of Corporations

Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H1800000385#3)))



HI 80000038573ABC%

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To:

Division of Corporations

Fax Number : :: (850) 617-6383

JAN - 3 2018

From:

Account Name : SHUMAKER, LOOP & KENDRICK LL

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PLEASE USE PRICINAL FILING MATE OF 12/21/201'

1170 DALE MABRY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
	

LEGGETT

JAN-03-2018 16:40

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H1800000 38573

1170 DALE MABRY, LLC			
Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)	-
The Articles of Organization for this Limited Liability Cor	mpany were filed on Octobe	r 6, 2017 and a	assigned
Florida document number L17000207668	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
	21		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design		"L.L.C."
Enter new principal offices address, if applicable:		P= . }	17
(Principal office address MUST BE A STREET ADDRE	(222	:.:	
Trincipa office and as in age as it series in age.			2
Enter new mailing address, if applicable:	·•{ *	ų.	· 3 🗇
		7	. φ
(Mailing oddress MAY BE A POST OFFICE BOX)		THE STATE OF THE S	00
registered agent: and/or the new registered office addre			
No Design and Office Address.			
New Registered Office Address:	Enter Florida s	treet address	
	36 ₹5.	, Florida	
	City _	Zip Cod	de
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my int as provided for in Chap	duties, and I am familiar v oter 605, F.S. Or, if this do	vith and cument is
	-		
	If Changing Registered Agent,	Signature of New Registered A	gent
	Page 1 of 3		

H18000003857

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 H180000038573

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ROBERT L. DUTKOWSKY	4201 BAYSHORE BLVD #1504	
		TAMPA, FL 33611	■ Remove
			Change
			D Add
			☐ Remove
			Change
			□ ^1
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		<u> </u>	☐ Change

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Filing Fee: \$25.00

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