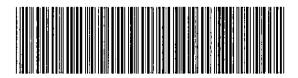
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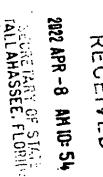
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



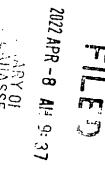
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## **CORPORATE** ACCESS, \_\_\_\_

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WALK IN
		PICK	KUP: 4/8 DANNY
		CERTIFIED COPY	
	XX	РНОТОСОРУ	
		CUS	
	XX	FILING	LLC AMEND
1.		DK 1801 SMITH STREI (CORPORATE NAME AND DOCUM	ET, LLC MENT #)
2.	,	(CORPORATE NAME AND DOCUM	MENT #)
3.		(CORPORATE NAME AND DOCUM	MENT #)
4.		(CORPORATE NAME AND DOCUM	MENT #)
5.	-	(CORPORATE NAME AND DOCUM	MENT #)
6.	-	(CORPORATE NAME AND DOCUM	MENT #)
	CIAI TRU	L CTIONS:	

### **COVER LETTER**

TO: Registration S Division of Co			
	mith Street, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	James D. Palermo, Esq.		
		Name of Person	<del></del>
	DeBartolo Holdings, LLC		
		Firm/Company	
	3820 Northdale Boulevard	l, Suite 100B	
		Address	
	Tampa, FL 33624		
		City/State and Zip Code	
	JPalermo@DeBartoloHold	<del>-</del>	<del> </del>
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	rfication)
James D. Palermo		813 908-8400	
Name o	of Person	at () Area Code Daytin	nc Telephone Number
Enclosed is a check for t	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 enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Cor	rporations
P.O. Box 632 Tallahassee,		The Centre of T	Fallahassee be Street, Suite 810
rananassee,	エレ ジキジ 1コ	2412 IV. MONIO	ic oneer, oute 410

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DK1801 Smith Street, LLC		
(Name of the Limited Liz (A Fig.	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on Janary 25, 2021	and assigned
Florida document number L21000044905	·	
This amendment is submitted to amend the following	<u>y</u> :	
A. If amending name, enter the new name of the	limited liability company here:	
DK 1801 Smith Street, LLC		فم
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbreviation 1.C."
Enter new principal offices address, if applicable:		7
(Principal office address MUST BE A STREET AD	ODRESS)	- E
		35 p M
Enter new mailing address, if applicable:		Ties w
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
The state of the s		
B. If amending the registered agent and/or registe	ered office address on our records, enter the	name of the new registered
agent and/or the new registered office address her	<u>e</u> :	or the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
_	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 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> Name Address Type of Action \_\_\_\_\_ □Add \_\_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ \_ \_\_\_ \_ \_\_ Add \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Change 

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ffecti an eff	ve date, if other than the date of filing: (optional) ective 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 605,020
voic,	If the date inserted in this clock does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
recon	1 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
is fil	ed.
	10.17 2000
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	Als Uni
	Signature of a member or authorized representative of a member
	Adrienne C. Kendall
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Filing Fee: \$25.00