

L20 000 360 018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

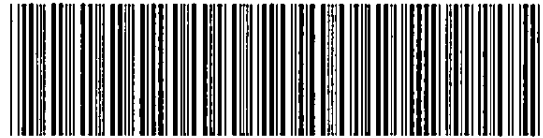
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PRACTUS

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7643 Gate Parkway, Suite 104-962
Jacksonville, Florida 32256
(904) 990-7092

August 19, 2025

VIA FEDERAL EXPRESS

Florida Division of Corporations
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Dixon Link Capital, LLC

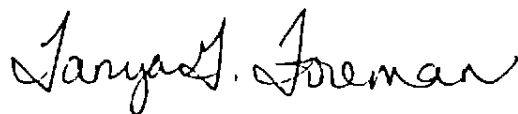
To Whom It May Concern,

Enclosed for filing, please find the following executed document and filing fee for Dixon Link Capital, LLC:

1. Articles of Amendment to Articles of Organization; and
2. Filing fee in the amount of \$25.00.

If you have any questions or require additional information, please contact me at the email address or phone number listed above. Thank you.

Best Regards,

A handwritten signature in black ink that reads "Tanya G. Foreman". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Tanya G. Foreman, Esq.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIXON LINK CAPITAL 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:

Tanya G. Foreman, Esq.

Name of Person

Practus, LLP

Firm/Company

7643 Gate Parkway, Suite 104-962

Address

Jacksonville, Florida 32256

City/State and Zip Code

tanya.foreman@practus.com

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

For further information concerning this matter, please call:

Tanya G. Foreman, Esq.

904 990-7092

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIXON LINK CAPITAL 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 11/13/2020 and assigned
Florida document number 120000360018.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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

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	GAYLE BULLS DIXON	3733 UNIVERSITY BLVD W STE 208	☐ Add
		JACKSONVILLE, FL 32217	☒ Remove
			☐ Change
AMBR	ON BOARD B LLC	3733 UNIVERSITY BLVD W STE 208	☐ Add
		JACKSONVILLE, FL 32217	☒ Remove
			☐ Change
AMBR	LINK FAMILY ENTERPRISES L	2130 SAN MARCO BLVD #8	☐ Add
		JACKSONVILLE, FL 32207	☒ Remove
			☐ Change
MGR	FAITH DOSKI LINK	3733 UNIVERSITY BLVD W, STE 208	☐ Add
		JACKSONVILLE, FL 32217	☒ Remove
			☐ Change
AMBR	FAITH LINK	4446-1A HENDRICKS AVE, STE 258	☒ Add
		JACKSONVILLE, FL 32207	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

[illegible]

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 August 19th, 2025

Signed by

Faith G. Link

- 52C.F 2803754BAS

Signature of a member or authorized representative of a member

FAITH LINK

Typed or printed name of signee

Filing Fee: \$25.00