## L17000229560

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
•	•	,
(Dc	ocument Number)	
(==	,	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	o or Status
Special Instructions to	Filing Officer:	

Office Use Only



900311261719

900311261719 04/06/18--01003--021 \*\*25.00

18 APR -6 PH 2: 36

J. LEGGETT APR 0 9 2018 18 AFR ~ 6 - AN 10: 02

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 4/6/2018	-	**WALK IN**
ENTITY NAME	9771 DIXIE LLC	WALK III
DOCUMENT NUMBER_	L17000229560	
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxxxx	Plain Copy	
	Certified Copy Certificate of Status	
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA		
TOTAL OWED \$25.00	СНЕСК # 4696	
Please call Tina at t	he above number for any issues or concerns. <b>Thank you</b> so	much!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9771 DIXIE LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L17000229560	y were filed on November 06, 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<b>0</b> 00000000000000000000000000000000000
		· · · · · · · · · · · · · · · · · · ·
		J. J.
Enter new mailing address, if applicable:		TO A
(Mailing address MAY BE A POST OFFICE BOX)		
Imaking university In 17 I Got Of The BON		8
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he  Name of New Registered Agent:  New Registered Office Address:	re:	
	Enter Florida street address	
Allerta and the second	City	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agen	·	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	te performance of my duties,	and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	JACQUE HUTTOE	1172 S. DIXIE HWY#463	Add
		Miami, FL 33146	☐ Remove
			_ ☐ Change
• · · · · · · · · · · · · · · · · · · ·			Add
			☐ Remove
			☐ Change
			∩ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ ∧dd
			□ Remove
			☐ Change
			□ Remove
			☐ Change

			<del></del>
		the state of the s	<del></del>
			W
<del></del>			
A		A PART AND	
			ੁੱਛੇ ਭਾਵਨ
		-	210 210 210 210
			100 02 100 02
			~~~~
Effective date, if other than the	e date of filing:	(optional) of filing or more than 90 days after filing.) Purs	Fuent to 405 020:
Note: If the date inserted in this b	shock does not meet the applicable sta Department of State's records.	atutory filing requirements, this date will a	not be listed as
the record specifies a delaye  The 90th day after the rec		effective time, at 12:01 a.m. on t	:he earlier o
y ma your day arear end for			
Dated April 05	2018		
	2018  Signalyre of a member or authorized re	presentative of a member	<del></del>

Page 3 of 3

Filing Fee: \$25.00