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COVER LETTER

TO:	Registration Se Division of Cor				
	CICET	Dixie, LLC			
SUBJE	UI:	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Judd Rowe, Esq.			
		Judá Rowe, P.A.	Name of Person		
			Firm/Company		
		200 Butler St., Ste. 207	тингсонфану		
		West Palm Beach, FL 3340	Address 07		
		jrpalaw@comeast.net	City/State and Zip Code		
		E-mail address: (to be used for future annual re	port notification)	
For furth	her information o	oncerning this matter, please co	all:		
Judd Ro	owe, Esq.		561 366-	1355	
	Name o	f Person		Daytime Telephone Number	
Enclosed	d is a check for ti	ne following amount:			
■ \$25 .	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	Sed) \$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is en	tus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 North Dixie, 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 December 6, 2005 and assigned Florida document number L05000119030 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) 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 _____, Flo**rid**a ____ City

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>	Type of Action
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		Atlantis, FL 33462	
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			Change
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		Atlantis, FL 33462	
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(If an effective	ve date, if other than the da ctive date is listed, the date must be	ite of filing e specific and	cannot be pric	or to date of life	ne or more than	(optio 90 days after t		to 605.020
	f the date inserted in this block							
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the reco	ord specifies a delayed e	ffective d	ate, but n	ot an effec	tive time, a	at 12:01 a.	m. on the	earlier o
) The 9	90th day after the recor	d is filed.						
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	1/ 129		2018					
Dated		·						
Dated _								
Dated _	11/29 Cany h. St	τ are	4					

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Typed or printed name of signee

Filing Fee: \$25.00