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JUN 19 TIG T. LEWELK

COVER LETTER

TO: Registration Division of C			
SUBJECT: Dixon I.	egal Center, LP		
Na	ame of Florida Limited Pa	artnership or Limited Liability	Limited Partnership
The enclosed Certifi	cate of Amendment	and fee(s) are submitted	for filing.
Please return all corr	respondence concern	ing this matter to:	
Richard Shackelford			
	Contact Person		
	Firm/Company		
4309 Pebble Shore, Dr			
	Address		
Opelika, Ala 36804			
	City, State and Zip Code		
Bridgingpro@aol.com			
E-mail address: (to	be used for future annua	l report notification)	
For further informat	ion concerning this n	natter, please call:	
Richard Shackelford		at (813)240-5	945
Name of Conta	act Person		ime Telephone Number
Enclosed is a check	for the following am	ount:	
☐ \$52.50 Filing Fee	■\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAILING A	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327 Tallahassee, FL 32314	
2661 Executive Center Circle Tallahassee, FL 32301		rananassee,	IL 34314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Dixon Legal Center, LP	
Insert name currently	on file with Florida Department of State 20 A 15 02
limited liability limited partnership, whose ce	2, Florida Statutes, this Florida limited partnership or rtificate was filed with the Florida Department of State on Florida document number A01000001585 to its certificate of limited partnership.
This amendment is submitted to amend the follow	ng:
A. If amending name, enter the new name of	i the limited partnership or limited liability limited partnership
here:	
New name must be distin	guishable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffi	nership, Limited, L.P., LP, or Ltd. xes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or pr principal office address here:	incipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or renew registered agent and/or the new registered	gistered office address on our records, enter the name of the office address here:
Name of New Registered Agent:	
New Registered Office Address:	
non regional office realities.	Enter Florida street address
	, Florida
_	City Zip Code

New	Registered	l Agent's S	Signature,	if changin	g 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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
GP	Bridging Properties, INC	4309 Pebble Shore, Dr Opelika, Ala 36804	☐ Add ☐ Remove
<u>GP</u>	Richard Shackelford	4309 Pebble Shore, Dr Opelika, Ala 36804	
<u>GP</u>	Sandra Shackelford	4309 Pebble Shore, Dr Opelika, Ala 36804	■ Add

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 day State.)	May 25, 2019 ys after the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the be listed as the document's effective date on the Departure of t	e applicable statutory filing requirements, this date will not them to f State's records.
Signature(s) of a general partner or all gen	eral partners*:
(*NOTE: Only one current general partner is required	to sign this document unless the limited partnership is adding or on statement. Chapter 620, F.S., requires all general partners to sign
Bridging Properties, INC	Swing Front PRE
Signature(s) of all new or dissociating gene	ral partner(s), if any:
Bridging Properties, Inc. (dissociating GP)	Ristand grees
Richard Shackelford (NEW)	The true
Sandra Shackelford(NEW)	JAM.
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	