

L010000019324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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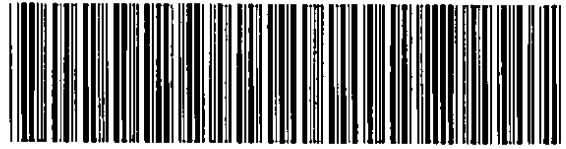
(Business Entity Name)

(Document Number)

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S. ROBERTS

JUL 13 2023

CT CORP
(850)656-4724
3458 Lakeshore Drive, .
Tallahassee, FL 32312

Date: 07/12/2023

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en: c DW

Name:	Dixon Holdings, LLC
Document #:	
Order #:	15032950

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Amount: \$ **25.00**

Thank you!

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

DIXON HOLDINGS, 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 11/08/2001 and assigned
Florida document number L01000019324.

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)

436 Calbira Ave

North Port, FL 34287

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

436 Calbira Ave

North Port, FL 34287

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:

Roberta Masnyj

New Registered Office Address:

436 Calbira Ave

Enter Florida street address

North Port

City

Florida 34287

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	RENATA ANGIOLI	2 Elmwood Pk Dr	<input type="checkbox"/> Add
		710	<input checked="" type="checkbox"/> Remove
		Staten Island, NY 10314	<input type="checkbox"/> Change
MGR	ROBERTA MASNYJ	436 Calbra Ave	<input checked="" type="checkbox"/> Add
		North Port, FL 34287	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated July 11, 2023.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00