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SECRETARY OF STATE

DIVISION OF CORCUPATION

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Dix Pub	olishing LLC		+
		ited Liability Company)	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	James E. Dicks		
		(Name of Person)	
	Dix Publishing LLC		
		(Firm/Company)	
	220 E. Central Parkway,	Suite 1020	
		(Address)	
	Altamonte Springs, FL 32	2701	
	, atomorno opinigo, i 2 o	(City/State and Zip Code)	
For further information c	concerning this matter, please c	all:	
Al Romani		at (407) 265-1212	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	he 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)
	ING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dix Publishing, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability (Company were filed on 8/5/2002	and assigned	
Florida document number L02000019798			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
James Dicks Forex, LLC			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the design	gnation "LLC" or the abbrevi	atio
Enter new principal offices address, if applicable:		9	
(Principal office address MUST BE A STREET ADD	RESS)	09 VIST VIST	2
		MA OO	<u>á</u>
D ()		23	7,57,5 3,13,5
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u>:</u>
		<u> </u>	1
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the	nev
, ,	•		
Name of New Registered Agent:			_
New Registered Office Address:			_
	(Enter Florida	street address)	
	, , , , , , , , , , , , , , , , , , , ,	orida	_
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
. <u> </u>			Add Remove
			Add Remove
). If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
_		•	_
			_
 Dated			_
	James E. Dicks	ber or authorized representative of a member ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00