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2010 OCT -1 PM 3: 54 SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 4 2010

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dennis R. DIX Jr. LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dennis Richard DIX Jt. Name of Person DBA EXTIEME PlumBing Firm/Company
DBA EXTIEME PlumBinG Firm/Company
12643 Shirley Oaks Dr. Address
Jax, Fla 32218 City/State and Zip Code
Devnis 1964 @ Com CasT. NeT E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dennis Richard DIX Jt at (964) 309-1682 Name of Person Area Code & Daytime Telephone Number
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$
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

THE STATE OF STATE OF

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Sr. LLC	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on ou Liability Company)	<u>r records.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOYOOO688</u> 4	y were filed on <u>9/24</u> 9	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
_ Denvis Richard DI	ix Jr. 110	<u> </u>
The new name must be distinguishable and end with the words "Lim "L.L.C."		
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2010 OCT +1 PH SICKETHARY OF S ALLAHASSEE FL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our rec re:	ords, enter the name of the new
Name of New Registered Agent:	<i>A</i>	
New Registered Office Address:	Enter Flor	ida street address
		, Florida
	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

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member DENNIS RICKALD DIX
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00