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D. BRUCE

SEP 16 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: DIXIE S			
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LARRY M. STEWART, E	SQ.	
		(Name of Person)	
		(Firm/Company)	 -
	P.O. Box 809		
		(Address)	
	·		
		(City/State and Zip Code)	<u> </u>
For further information co	oncerning this matter, please co	all:	2008 SEP 15 SECRETARY ALLAHASSEE
Larry M. Stewart, Esq.		at (772) 282-8191	SSE SSE
(Name o	of Person)	(Area Code & Daytime T	elephone Number) FF STA
Enclosed is a check for th	e following amount:		59 10,5
□ \$25.00 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)

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

DIXIE STORAGE, LLC (Name of the Limited (A	Liability Compa Florida Limited	iny as it now appears on our records.) Liability Company)		_		
The Articles of Organization for this Limited Liability Company were filed on MARCH 5, 2006 and Elorida document number LO6000024280						
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	oility company here:				
The new name must be distinguishable and end with "L,L,C,"	h the words "Lim	ited Liability Company," the designation	"LLC" or t	he abbro	eviation	
Enter new principal offices address, if applicable:		No Change	TAL	200		
(Principal office address MUST BE A STREET ADDRESS)			CRE	3S g		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		No Change	ARY OF STATE	P 15 PM 1:59		
B. If amending the registered agent and/or registered agent and/or the new registered of			the nam	e of th	ie new	
Name of New Registered Agent:	No Change					
New Registered Office Address:						
·	(Enter Florida 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 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 Type of Action <u>Address</u> Title <u>Name</u> See Amendment - Article V **∏** Add ☐ Remove ☐ Add Remove 🗂 Add Remove ☐ Add _ Add ☐ Remove ■ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MANAGERS/MEMBERS ARTICLE V Change Manager to Chad E. Acres as Trustee of The Chad E. Acres Intervivos Declaration of Trust dated December 5, 2005. 637 SE Central Parkway #305, Stuart, Florida 34994 Dated Signature of a member or authorized representative of a member **Chad Acres** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00