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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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FILED 2011 NOV 17 PM 5: 24 SECRETARY OF STATE

K. SALY NOV 2 0 2017

COVER LETTER

	Registration Se Division of Cor			
0.110.111.60		CKS DEVELOPMENTS LLC	2	
SUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		TYLER BENZEL		
			Name of Person	
		DIX DEVELOPMENTS I	LC	
			Firm/Company	
		103 COMMERCE STREE	ET, SUFTE 140	notification)
			Address	
		LAKE MARY, FLORIDA	32746	
			City/State and Zip Code	
		TYLER@DIXDEVELOPN E-mail address: (IENTS.COM to be used for future annual report notifi	cation)
or furthe	r information c	oncerning this matter, please c	ull:	
TYLER I	BENZEL		352 267-8496	
	Name o	f Person	at () Area Code Daytime	Telephone Number
inclosed i	is a check for th	ne following amount:		
\$25.00	0 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)

MAILING ADDRESS:

TO:

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

ZOIT NOV 1.7 PM 5: 24

TALLAHASSEE. FLORIDA

JAMES DICKS DEVELOPMENTS 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 JUNE 5, 2006	and assigned
Florida document number 1.06000057417	*	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
DIX DEVELOPMENTS LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		enter the name of the new
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Flori	da
	, Florie	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and a agent as provided for in Chapter 605, F.S red office address, I hereby confirm that t	l am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of N	ion Degistered Agent

If amend	ing Authorized Person(s) authorized to	manage, enter the	title, name, and address of each	person being added
or remove	ed from our records:		FILER	
MGR =			2011	
AMBR =	Authorized Member		LUIT MOV 1/7	
<u>Title</u>	Name	Address	FILED 2017 NOV 1-7 PM 5: 24	Type of Action
			SECRETARY OF STATE TALLAHASSEE. FLORIDA	
				Remove
				Change
				□ Remove
				Change
				Add
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		<u></u>		Change
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Signature of authorized representative of a member	ated					
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Page 3 of 3

Filing Fee: \$25.00