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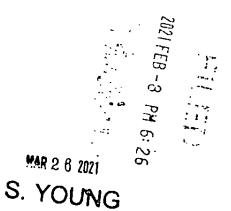
(Requestor's Name)
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02/08/21--01022--010 **25.00



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: DIX D	EVELOPMENTS. LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ndence concerning this matter	•		
ricase retain an correspo	native concerning this maner	to the following.		
	TYLER BEN	ZEL		
		Name of Person		
	DIX DEVEL	OPMENTS, LLC		
		Firm/Company		
	103 COMME	RCE ST. STE 140		
		Address		
	LAKE MARY	Y, FL 32746		
		City/State and Zip Code	· -	
	_	XDEVELOPMENTS.COM		
	E-mail address: (to be used for future annual report no	tification)	
For further information co	oncerning this matter, please c	all:		
		at (
Name of	f Person	at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne 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)	
Mailing Address: Registration Section		Street Address: Registration Se		
Division of Corporations			Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIX DEVELOPMENTS, LLC			
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>r')</u>		
The Articles of Organization for this Limited Liability Company were filed on		MOZIFEB-8 PH 6	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbreviati	ص ۲۱۳۹ کا	J."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here:	the name of th	e new 1	egistere
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address	<u>- </u>	, <u>.</u>	
Flo	orida		
City		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 fur provisions of all statutes relative to the proper and complete performance of my duties, an accept the obligations of my position as registered agent as provided for in Chapter 605, I being filed to merely reflect a change in the registered office address, I hereby confirm that company has been notified in writing of this change.	nd I am familia F.S. Or, if this	ir with i docum	and ent is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	JAMES DICKS	103 COMMERCE ST. STE 140	∆ IAdd
		LAKE MARY, FL 32746	□Remove
			□Add
			□Remove
			Change
			🗆 Add
			🗖 Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

ii anici	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
_	
Note: 1	re date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	FEBRUARY 4TH 2021
	- Zolom
	Signature member or authorized representative of a member
	TYLER BENZEL
	Typed or printed name of signee

Filing Fee: \$25.00