LII 0000 21459

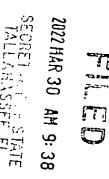
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
<u></u>	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	<u> </u>
· · · <u> </u>		

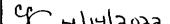
Office Use Only



900384274249

03/39/22-+01096--004 **25.00





COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: 1101 Dixie L				
	Name of Limi	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
ricase retain an extrespon	sence concerning this matter	to the tonowing.		
	Joseph P. Mullen, Esquire			
		Name of Person		_
	Mullen & Bizzarro, P.A.			_
		Firm/Company		
	2929 E. Commercial Blvd.		 .	_
		Address		
	Fort Lauderdale, Florida 3.			_
		City/State and Zip Code		
	jpmullen@mullenbizzarro.c	om		
	E-mail address: (to be used for future annual re	port notification)	
For further information cor	ncerning this matter, please cr	ıli:		
Joseph P. Mullen, Esquire		at (<u>954</u>) <u>772-</u>	9100	
Name of I		Area Code	Daytime Telephone Number	er ·
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 F	iling Fee.
	Certificate of Status	Certified Copy	Certific	ate of Status &
		(additional copy is enclose		d Copy d copy is enclosed)
			taggition:	n copy is enclosed)
Mailing Address:		Street Add	ress:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAR 30 AM 9: 38
SECRE TALLY HASSEE, FL

1101 Dixie 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 Cor	mpany were filed on	02/18/2011	and assigned
Florida document number 1.11000021459			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability compan	y here:	
3560 Powerline LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," t	he designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_	
(Principal office address MUST BE A STREET ADDRE	ESS)		
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 address here: Name of New Registered Agent:	office address on ou	ir records, <u>enter the</u>	name of the new registered
New Registered Office Address:			
	Enter	Flonda street address	
<u></u>		, Flerid	la Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and consaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance ent as provided for	of my duties, and I in Chapter 605, F.S	am familiar with and . Or, if this document is
	If Changing Registered	l Agent, <u>Signature of Ne</u>	ew Registered Agent

_____ □Change

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		- .	Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove

cr2e049.pdf

	
If an e: Note:	tive date, if other than the date of filing:
e reco rd is t	ord 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 filed.
Dated	March 24
	Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a member
	1

Filing Fee: \$25.00