

L110000055083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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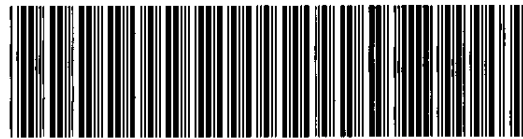
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUN 06 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2011

REBECCA L. DIXON  
16877 E. COLONIAL DRIVE, #337  
ORLANDO, FL 32820

SUBJECT: LAW OFFICE OF REBECCA DIXON, LLC  
Ref. Number: L11000055023

We have received your document for LAW OFFICE OF REBECCA DIXON, and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 911A00012831

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11 JUN -3 PM 12:04  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Law Office of Rebecca Dixon, PLLC  
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:

Rebecca L. Dixon

Name of Person

Law Office of Rebecca Dixon

Firm/Company

16877 E. Colonial Drive, #337

Address

Orlando, FL 32820

City/State and Zip Code

rebecca.dixon@rebeccadixonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca L. Dixon

Name of Person

at ( 321 )

289-5436

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
11 JUN -3 PM 12:04  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
- TO -  
ARTICLES OF ORGANIZATION  
OF**

LAW OFFICE OF REBECCA DIXON, 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 May 9, 2011 and assigned Florida document number L11000055023.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Law Office of Rebecca Dixon, PLLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." The purpose of the professional limited liability company is the practice of law.

**Enter new principal offices address, if applicable:**

16877 E. Colonial Drive, #337

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32820

**Enter new mailing address, if applicable:**

16877 E. Colonial Drive, #337

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, FL 32820

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

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 11 JUN -3 PM 12:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Rebecca L. Dixon  
 \_\_\_\_\_  
 Typed or printed name of signee