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SECKLIARY OF STATE. TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER AUG 15 2012

COVER LETTER

O: Registration So Division of Cor					
SUBJECT:	14686 V	V DIXIE, LLC			
, , , , , , , , , , , , , , , , , , , ,	Name of Limite	ed Liability Company			
The enclosed Articles of	Amendment and fce(s) are subr	nitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	ST	ACI HERSHEY, ESQ			
		Name of Person			
	•	GRSH LAW			
		Firm/Company			
	2999	NE 191st Street, PH-8		-1 N	
		Address			
	AVEN	ITURA, FLORIDA 33180)	2012 AUG 13 SECRETARY TALLAHASSE	Service Service Service
		City/State and Zip Code		Service Co	- ₹ 5***/*
		SHEY@GRSHLAW.COM		AH S	T
For further information	concerning this matter, please c	all:		AM & 22 OF STATE EE, FLORIDA	
ST	ACI HERSHEY	at (305)	792-0439		
Name	of Person	Area Code & Day	time Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encio		of Status &	
*					
	ILING ADDRESS:	STREET/COI	URIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1/1686 W/ DIXIE LLC

	ity Company as it now appear a Limited Liability Company)	rs on our records.)	
(A Florid	a Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on	06/28/2011	and assigned
Florida document numberL11000074920	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			72. 21
(Principal office address MUST BE A STREET AD	DDECC:		7 7
			<u> </u>
			SSCI
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			ATE 22
B. If amending the registered agent and/or regregistered agent and/or the new registered office a	gistered office address on ddress here:	our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fiorida 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

IGR = Ma IGRM = N	nager Ianaging Member	1		
<u>itle</u>	<u>Name</u>	ļ	Address	Type of Action
MGR	Mashala Prop	erties, Inc	15426 NE 21 Ave North Miami Beach, Florida 33162	Add Remove
<u> </u>				Add Remove
				Add Remove
				Add Remove
				Add Remove
	 			Add Remove
. If amen	ding any other infor	mation, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
· 				ZOIZ
				2012 AUG 13 AI SECRETARY OF
ated		,		AM & 22 OF STATE FLORIDA

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Filing Fee: \$25.00