L13000172565

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(Cit	y/State/Zip/Phone	e #)
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то:	Registration Sec Division of Corp		**************************************		•
CATE	NEW YORK	GARDEN APARTMENTS	, LLC		
200	MEC4.	Name of Lin	ited Liability Company		
The	enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Pleas	se return all correspon	idence concerning this matter	to the following:	•	
		JOHN SHOLTES			
			Name of Person		
		DIXIE INVESTMENT PR	OPERTIES, LLC		
		- 	Firm/Company		
		35595 US HWY 19 N, SU	ITE 316		
			Address		
		PALM HARBOR, FL 346	84		
			City/State and Zip Code		
		JOHNSHOLTES@AOL.CO			_ <u>ds</u> =
For f	further information co	E-mail address (neerning this matter, please c	to be used for future annual repall:	ort notification)	高高品
	JOHN SH		727 735-9. at ()		三
Encl	Name of osed is a check for the		Area Code	Daytime Telephone No	umber 2: 39
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Cer ed) Cer	00 Filing Fee, tificate of Status & tified Copy titional 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 Taltahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW YORK GARDEN APARTMENTS, LL	C	
	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number £13000172565	ompany were filed on DECEN	MBER 13, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
DIXIE INVESTMENT HOLDINGS II, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	ration "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
	 	
Enter new mailing address, if applicable:	 	·····
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		圣色 第二
B. If amending the registered agent and/or registe		r records, enter the name of the ne
registered agent and/or the new registered office addr	ess nere;	
N. CN. D. C. LA.		7
Name of New Registered Agent:		س بين
New Registered Office Address:	7. 6	95.0
	Enter Florida si	ireei aaaress
	City	, Florida
	•	Zip Cone
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agine being filed to merely reflect a change in the registered company has been notified in writing of this change.	emplete performance of my c ent as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is
	if Changing Registered Agent,	Signature of New Registered Agent

Page 1 of 3

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		
Title	Name	Address	Type of Action
		····	Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Remove
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			Remove
			17 ST Change FILE D
			第-2
			□ Remove
			Remove 2
			□ Add
			□ Remove
			☐ Change

	
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If an effective date Note: If the dat	if other than the date of filing: Is stisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Possuant to 603,0207 to inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as active date on the Department of State's records.
he record spe The 90th da	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ay after the record is filed.
Dated	FEBRUARY 27 2017
	Soll Land
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00