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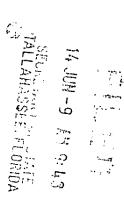
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COVER LETTER

CR2E062 (2/14)

TO: Registration Section Division of Corporations			
SUBJECT: MIXIN DIKIE LLC			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Statement of Correction and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Wayne Farmer Name of Person			
MIXIN DIXIE LLC Firm/Company			
8823 Van Fleet Rd Address			
RIVERVIEW, FL 33578 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Wayne Farmer at (813) (077-710) Name of Person Area Code Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$25 Stiling Fee \$25 Stiling Fee \$25 Certificate of Status \$25 Stiling Fee \$25 Certificate of Status \$25 Certified Copy \$25 Certified Copy \$25 Certified Copy			

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to se	ection 605.0209, F.S., this document is being submitted to correct a previously filed document.		
FIRS'	<u>T</u> :	The name of the limited liability company is: MIXIN DIXIE LLC		
SEC(<u>OND:</u>	The Florida Document number of the limited liability company is: L14000090416		
THIR	<u> </u>	Document to be corrected is:		
		LLC Authorized Person(s) Detail		
	<u>(CF</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
×		ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the statement are as follows:		
	B	arry Carew should be listed as MGR		
	_na	VA = 2.44		
	<u>OR</u>	······································		
		defectively signed. The manner in which the document was defectively signed and the appropriate stion are as follows:		
		A Dec		
		See 19		
	<u>OR</u>	FLORID		
	The el	ectronic transmission of the record was defective.		
}	Yay	12-fare (0/14)		
S i	gnature	of Authorized Representative Date		

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)