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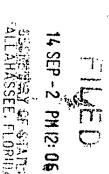
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9/11/14

COVER LETTER

Division of Cor			•
SUBJECT: Dixor	n Autos LLC		
SUBJECT,		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cherrie Cec	il	
		Name of Person	
		Firm/Company	
	882 Bluebiro	, -	
		Address	
	Naples, FL	34104	
		City/State and Zip Code	
	cherrielcecil@gm E-mail address: (Nail.com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	ali:	
Cherrie Ced	cil	_{at (} 239 ₎ 22927	' 07
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corport Clifton Building	n

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dixon Autos LLC		
(Name of the Lim	ited Liability Company as it now appo (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on _	6/27/2014 and assigned
Florida document number L14000102992	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name (</u>	of the limited liability company	<u>here</u> :
The new name must be distinguishable and end with the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		<u> </u>
		H. P.
Enter new mailing address, if applicable:		S S S S S S S S S S S S S S S S S S S
Mailing address MAY BE A POST OFFICE	BOX)	
		S R C
 If amending the registered agent and registered agent and/or the new registered of 		on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	Cherrie Cecil	
Name of New Registered Agent.		
New Registered Office Address:	882 Bluebird St	lorida street address
	Naples	Florida 34104

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sean Dixon	6370 Daniels Rd	
		Naples, FL 34109	■ Remove
MGR	Cherrie Cecil	882 Bluebird St	
		Naples, FL 34104	□ Remove
			Remove LLAH SSEE FLORIDA Remove LLAH SSEE FLORIDA
			Add Remove
			□ Add □ Remove

amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
fective	date, if other than the date of filing: (optional)
e effectiv	date, if other than the date of filing:
c date in	S document is fried by the Florida Department of State)
ted	8-25, 2014
	- the transfer of the transfer
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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