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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/11/14

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Dixon Autos LLC**

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:

**Cherrie Cecil**

Name of Person

Firm/Company

**882 Bluebird St**

Address

**Naples, FL 34104**

City/State and Zip Code

**cherrielcecil@gmail.com**

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

For further information concerning this matter, please call:

**Cherrie Cecil**

Name of Person

**239 2292707**

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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



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>	<u>Type of Action</u>
MGR	Sean Dixon	6370 Daniels Rd	<input type="checkbox"/> Add
		Naples, FL 34109	<input checked="" type="checkbox"/> Remove
MGR	Cherrie Cecil	882 Bluebird St	<input checked="" type="checkbox"/> Add
		Naples, FL 34104	<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

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TALLAHASSEE FLORIDA

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

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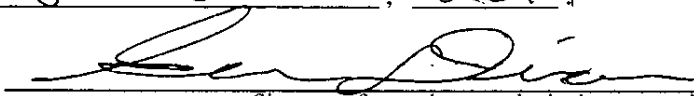
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8-25, 2014



Signature of a member or authorized representative of a member

Sean Dixon

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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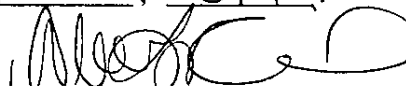
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

August 25, 2014

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

Cherrie Cecil

\_\_\_\_\_  
Typed or printed name of signee