

L14000132239

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SEP 14 2014
P 4 31
STATE
TOLSON
FLORIDA

B. BOSTICK

SEP 12 2014

EXAMINER

TO: Registration Section
Division of Corporations

COVER LETTER

SUBJECT:

The Dixieland Collection 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:

Erin Berkelhammer
Name of Person

The Dixieland Collection
Firm/Company

1645 W Snow Cir
Address

Tampa FL 33606
City/State and Zip Code

Dixieland Collection @ snowcir
E-mail address: (to be used for future annual report notification)

Erin Berkelhammer
Name of Person

at (813) 233 0800
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)

FILED
27 SEP -8 P 4:31
TAMPA
DIVISION OF STATE
CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

The Dixie Land Collection LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2014 SEP - 8 P 4:31

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/12/2014 and assigned
Florida document number 14000132235.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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SEP - 8 PM 4 31

CLERK OF SUPERIOR COURT

If ascending 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

Title Name

Address

Type of Action

Owner Enn Berkelhimer 1625 W Snow Cir X Add
Tampa FL 33606 ☐ Remove

CO-Owner Barry Berkelhimer 510 SE Hwy 484 Add
Ocala FL 34480 ☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

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

FILED

2014 SEP -8 P 4:31.

CLERK OF STATE
TALLAHASSEE, FLORIDA

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 31, 2014.

Signature of a member or authorized representative of a member

ECIN Bostelheimer

Typed or printed name of signer