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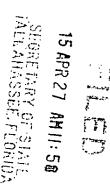
(Re	questor's Name)	
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April 16, 2015

MILDRED BLEVINS 416 CASEY KEY RD NOKOMIS, FL 34275

SUBJECT: DICE, L.L.C.

Ref. Number: L14000143091

We have received your document for DICE, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 315A00007596

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Legistration Section Division of Corporations
SUBJECT: Adding on Authorized Member 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:
Mildred Blevins Name of Person
Firm/Company
416 CASEY KEY Rd.
NOKOMIS, FL 34275 City/State and Zip Code MILLIE BIEVINS 1 @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Millie Blevins at 813 340-3035 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

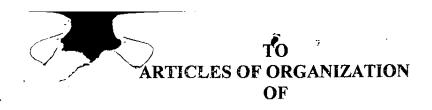
MAILING ADDRESS:

TO:

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



DICE, L.L.	. (.	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LIH 0001H 3 0 9</u> !	y were filed on $9-8-14$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	every Minds of the control of the co	
(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 or registered agent and/or the new registered office address he	office address on our records, <u>ente</u> re:	er the name of the ne
		R 27
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	S = 5
	, Florida	
	City	Zin Code

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

Page 1 of 3

Authorized Member beit or removed from our records:				
MGR = Manager AMBR = Authorized Member				
<u>Title</u> .	<u>Name</u>		Address	Type of Action
AMBR	ANDRE	BLEVINS	416 CASEY KEY Rd.	Add
			NOFOMIS, FL 34275	☐ Remove
				□ Add
				Remove
				<u> </u>
	· · · · · · · · · · · · · · · · · · ·	 		□ Add
				Remove
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(The effective date the date this docur	if other than the date of filing: (optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)
Dated	3-20 4/27, 2015.
	Beech fleur
	Signature of a member or authorized representative of a member
	MILAVED BLEVINS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

JALLAHASSED PLONION