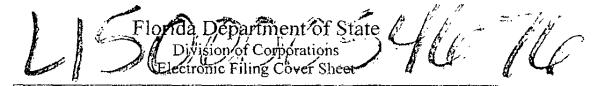
Division of Corporations

Page 1 of



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD,

Account Number : I20010000025 Phone : (786)899-2235

Fax Number : (305)935~9042

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please\*\*\*

Email Address: + Slachter (w leopold Korn con

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIXIE LAND HOLDINGS LLC

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## **COVER LETTER**

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	<del>-</del>			
TO: Registration Solution of Con				
	ND HOLDINGS LLC, a Florida	limited liability company		
SUBJECT:	Name of Limite	d Liability Company		
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
	GARY A. KORN			
		Name of Person		
	LEOPOLD KORN, P.A.			
		Finst/Company	<u></u>	
	20801 BISCAYNE BLVD.,	SUITE 501	SECRETA SECRETA	71
		Address	<b>1 1 2 3 3 3 3 3 3 3 3 3 3</b>	
	AVENTURA, FLORIDA 33	5180	SE 2	ŗΠ
		City/State and Zip Code	DIF STATE B. FLORID	
	TSLACHTER@LEOPOLDK		15. T	
	E-mail address: (to	be used for future annual report notific	विलि के	
For further information of	concerning this matter, please call	:		
TERRI SLACHTER		305 935-3500 X 2		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H16000118035 3)))

DIXIE LAND HOLDINGS LLC, a Florida limited lia  (Name of the Limited Liability Compa (A Florida Limited)		ears on our records	<u>r)</u>	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000054676</u>	were filed on	MARCH 27, 2015	5	_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lish	ility company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." th	e designation 'LLC'	or the abbre	viation "L.L.C,"
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		·	<del></del>	23
(Mailing address MAY BE A POST OFFICE BOX)			<u>PS</u>	653 653 653 653 653 653 653 653 653 653
	<del></del>		A A	= =
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		on our records	, enter the	e name of the n
registered agent amount the new registered vittle addition on	Σ.			T O
Name of New Registered Agent:			옆첫	<u>5</u>
			9,5	Þ
New Registered Office Address:	Enter I	Torida street address	·	
		, Flo	orida	
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent;  I hereby accept the appointment as registered agent and agr		is canacity. I fin	shor aaree	to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for it	of my duties, an n Chapter 605, i	d I am fan F.S. Or, if i	niliar with and this document is

Page 1 of 3

If Changing Registered Agent. Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEREMY BEDZOW	621 S Federal Hwy, Suite #5	₩ Add
		Fort Lauderdale, FL 33301	Remove
			☐ Change
MGR	CARYN SINGERMAN	20801 Biscayne Blvd., #501	bbA 🖸
		Aventura, FL 33180	■ Remove
			☐ Change
****************			D Add
			Remove
		☐ Change	
			20 M NAV Renove SECURETIVELY UT
			RY UPL STATE SEE, FLORIDA
			☐ Remove
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			□ Add
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			☐ Change

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Effective date, if other than t		MAY 10, 2016		(option	SEY C	2	in .
(If an effective date is listed, the date :	nust be specific and ca	mnot be prior to dat	e of filing or more that tatutory filing requ	n 90 days after f iirements, this	iling.) Pur date will	suatu to 60 nor be lis	5.0207 (3)(b) ted as the
Note: If the date inserted in this document's effective date on the	Department of Stat	e's records.		•	82	<u>ن</u>	
					DA.	چ	
the record specifies a delay The 90th day after the r		e, but not an	effective time,	at 12:01 a.	m. on t	:he earl	ler of:
Dated MAY 12	,	2016					
	1111						
	Signature of a mer	mher or authorized	representative of a n	ember	<del></del>		
	DISTINGTO OF GINE						

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