L15000074013

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2022 FEB IL PH I: II
SECRETARY OF STATE
TALLAHASSEE, FI

A. BUTLER FEB 2 8 2022

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	DIXIE BELLE Name of Lim	E LUC	3
The enclosed Articles of A	mendment and fee(s) are sub	emitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		AS R SPENO Name of Person BELLE, LLC Firm/Company	
		Firm/Company 105 W. DIXIE H Address	WY.
	WESTDIXIETOU	City/State and Zip Code UERS (O BEUSOUT to be used for future annual report not	TH. NET
For further information con	cerning this matter, please co	ail:	
ANDREA PH	1LIPPOU erson	at (305) 891 Area Code Daytin	-5\(\omega\)\(\omega\) ne 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		Street Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FHED

	Then Com Carl
DIXIE BELLE, 1	2022 FEB 14 PM 1: 1.1
(Name of the Limited Liability Compa (A Florida Limited I	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>1500074013</u> .	SECRETARY OF STATE
This amendment is submitted to amend the following:	
This amendment is submitted to affend the following.	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
P. a	1205 NE 138ST
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	NORTH MIAMI, FL 33161
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Test registered of red red city.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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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 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
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Remove
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(If an eff Note:	ve date, if other than the date of filing:
he record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	FEBRUARY 10, 2022
	mm
	signature of a member or authorized representative of a member