Division of Corporations Electronic Filing Cover Sheet

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(((H16000211775 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255

Phone :

: (561)844-3700

Fax Number

: (561)844-2388

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

email Address: <u>Craige Kelleylaw office</u> com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1133 OLD DIXIE HOLDINGS, LLC

CUID AUG 25 PM 2: 24

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
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1133 OF DIDIVIE HOLDINGS THE

No. 1019 P. 2 (((H16000211775 3)))

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

| (New -FA - I (wind | | <u> </u> |
|---|---|------------------------------------|
| A) | Liability Company as it now annears on our re A Florida Limited Liability Company) | (COT CLS.) |
| The Articles of Organization for this Limited Liab Florida document number <u>L16000141740</u> | bility Company were filed on 07/28/2016 | and assigned |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he limited liability company here: | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Company," the designation " | 'LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicat | ole: | |
| (Principal office address MUST BE A STREET | ADDRESS) | <u></u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo | <u> </u> | 7 5 5 AL |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our rec ce address here: | ords, enter the name of the ne |
| Name of New Registered Agent: | | 9:5 |
| New Registered Office Address: | | |
| | Enter Florida street ac | idress |
| | City | , Florida |
| | Ony | th come |

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

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

(((H16000211775 3)))

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------------|------------------------------|-----------------|
| MGR | LEONARD F. SCHULZ, JR. | 9337-B Howell Lane | |
| | | Palm Beach Gardens, FL 33418 | □ Remove |
| | | | ☐ Change |
| MGR | DAVID W. THOMAS, III | 9337-B Howell Lane | |
| | | Palm Beach Gardens, FL 33418 | Remove |
| | | | ■ Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | Add Add Renfore |
| | | | Charge St. |
| | | | □ Remove |
| | | | ☐ Change |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | (optional) avs after filing.) Pursuant to 605.020 | 3 07 (|
| the record specifies a delayed effective date, but not an effective time, at 1. The 90th day after the record-is filed. Dated Avgust 2016 | 2:01 a.m. on the earlier (| of: |
| Dated Aveust 2016 | | |

Page 3 of 3

Filing Fee: \$25.00

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