## L16000 196450

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashell Line)
(Document Number)
(Costamon Names)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800314545668

06/18/18--01022--031 \*\*25.00





## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 19, 2018

YVONNE DROST 24 \$ DIXIE HWY ST AUGUSTINE, FL 32084

SUBJECT: DIXIE COTTAGE LLC Ref. Number: L16000196450

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

Page 3 of 3 is missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Dionne M Scott Regulatory Specialist II

Letter Number: 818A00012721

ØD)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIXIC CO Hage  (Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.)
The Articles of Organization for this Limited Liability Company were for Florida document number <u>L16000196450</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	empany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation \$4L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	23- <u>22</u> <u>23</u> -
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
Ci	

## 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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Amanda Alton	245 Dixie Hwy	Kdd
U		245 Dixie Hwy St. Augustine, F132084	∕ Remove
			Change
Mgr	Jennifer McClea	245 Dixie Hwy	MAdd
0		St. Augustine, F13208	Remove  Change 7
<del></del>			Change To
		# 17 2	Change
			🗅 Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Charge

	-				
					_
					_
					_
			·		-
				<del></del>	_
				<del></del>	-
					_
	<del></del>	···	•••		_
				22	_
		•	1 (1) 1 (1) 1 (1)	29	
			r.	>	
			200	<del>-</del> -	-Ü
	·		<del>17 '</del>		_
ve date, if other than the date of filing:	e prior to date of filing or		Transfer of the second	29 1 9 1	- <b>じ</b> - -

Page 3 of 3

Filing Fee: \$25.00