

L17000013632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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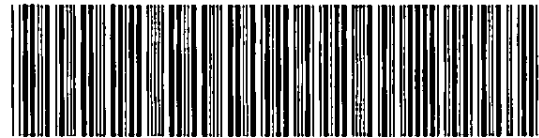
(Business Entity Name)

(Document Number)

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17 DEC -4, PM 12:19

STATE
TALLAHASSEE, FLORIDA

2017 DEC -4 AM 10:12

TALLAHASSEE, FLORIDA

O. SIMMONS

DEC 06 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 19 Dixie dust 69
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:

Corey Jenkins
Name of Person

19 Dixie dust 69
Firm/Company

1305 East 5th Street
Address

PANAMA City FL 32404
City/State and Zip Code

Chefred51969@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corey Jenkins at (850) 252-6112
Name of Person Area Code Daytime 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:
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**

19 Dixie dust 69

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/17/2017 and assigned
Florida document number L17000013632.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1305 EAST 5th STREET
PANAMA City FL.
32404

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1305 EAST 5th ST.
PANAMA City FL.
32404

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Corey Jenkins

New Registered Office Address:

1305 EAST 5th ST.

Enter Florida street address

PANAMA City

Florida

32404

City

Zip 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SHaron DAVIS	9043 Hwy 231	<input type="checkbox"/> Add
		PANAMA City FL 32404	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Corey JENKINS	1305 EAST 5 th ST.	<input checked="" type="checkbox"/> Add
		PANAMA City FL 32404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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7 DEC -11 PM 12:30
TALLAHASSEE, FLORIDA

17 DEC - 11 PM
STATE
ST. LOUIS
ILLINOIS
FLORIDA

FILED
17 DEC - 11 PM 12:20
ST. LOUIS, MISSOURI
FALL ARIZONA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/29/2017

Signature of a member or authorized representative of a member

Typed or printed name of signer