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#### **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: JMa DIXIC LLC Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filling.  |
| Please return all correspondence concerning this matter to the following:   |
| John Rampino Name of Person   |
| JMa DIXIC IIC Firm/Company  |
| 912 e. OSCIDIA DWLY   |
| KISSIMMLE P.1 34744  City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| John Rampino at (407) 407-7759  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee Solution Signature Solution Status Solution Status Solution Soluti |

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

|  |   |                        | 018 O  |
|--|---|------------------------|--|
| ( <u>Name of the Limited Lis</u><br>(À Flo   | ability Company as it now appears<br>orida Limited Liability Company) | on our records.)       | CT 2   |
| The Articles of Organization for this Limited Liabilit   | ly Company were filed on <b>U</b>                                     | 14 14,000 pil          | Of Signed |
| This amendment is submitted to amend the following   | <b>3</b> :  |                        | 一带 5   |
| A. If amending name, enter the new name of the   | limited liability company her   | <u>re</u> :            |  |
| The new name must be distinguishable and contain the words                                     |   | signation "LLC" or th  | he abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |   | <del></del>            | <del></del>  |
| (Principal office address MUST BE A STREET AL  | DDRESS)   | <del></del>            |  |
|  |   |                        |  |
| Enter new mailing address, if applicable:  |   |                        |  |
| (Mailing address MAY BE A POST OFFICE BOX  | <u> </u>  |                        |  |
|  |   |                        | <del></del>  |
| B. If amending the registered agent and/or registered agent and/or the new registered office a |   | our records, <u>en</u> | ter the name of the new  |
| Name of New Registered Agent:  |   |                        |  |
| New Registered Office Address:   | Enter Flori   | ida street address     |  |
|  |   | , Florida              | <b>1</b>   |
| _  | City  | , Florida              | 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                     |               | <u>Address</u>                     | Type of Action |
|--------------|---------------------------------|---------------|------------------------------------|----------------|
| MGR          | Rampino,                        | Rampino       | 912 e. Osciola pulci               | □ Add          |
| hange        | from                            | - ·- <u>-</u> | KISSIMMER AI 34744                 | Remove         |
| Kan<br>ta    | from<br>npino, Ran<br>o John Rz | ampino,       | John Rampino                       | Change         |
|              |                                 | . (0          | John Rampino<br>ala Elosciola punk | ,<br>∐□ Add    |
|              |                                 |               | KISSIMMER BI 34744                 | □ Remove       |
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| (If an<br><u>Not</u> e | ctive date, if other than the date of filing:   |
|                        | record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed. |
| Date                   | Signature of a member or authorized representative of a member  |
|                        |   |
|                        | Typed or printed name of signee   |

Filing Fee: \$25.00