

L17000 171049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

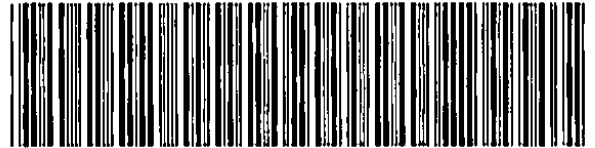
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600344025806

05/05/20--01006--003 **25.00

RECEIVED

MAY 04 2020

S TALLENT

MAY 19 2020

2020 MAY -4 PM 1:56

Amend

TO: Registration Section
Division of Corporations

SUBJECT: 3400 Dixie Hwy LLC
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:

Alanna Rubin
Name of Person

3400 Dixie Hwy LLC
Firm/Company

4913 Brandywine Dr
Address

Boca Raton FL 33487
City/State and Zip Code

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

For further information concerning this matter, please call:

Alanna Rubin at 772 215-7331
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 Address:

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

TO

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

8/10/17

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

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
<u>MGRM</u>	<u>Alanna Rubin</u>	<u>4913 Brandywine Dr</u>	<input type="checkbox"/> Add
		<u>Boca Raton FL 33487</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>MGRM</u>	<u>Steven Rubin</u>	<u>4913 Brandywine Dr</u>	<input type="checkbox"/> Add
		<u>Boca Raton FL 33487</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020,

If the record 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 record is filed.

Dated 4/28, 2020


Signature of a member or authorized representative of a member

Alenna Rubin
Typed or printed name of signer