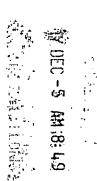
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(Requestor's Name)
(Requestors Name)
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COVER LETTER

Division of Cor			
MARKET	CITY REALTY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TYLER BENZEL		
		Name of Person	
	1360 DIGITAL VIEW LL	С	
		Firm/Company	
	103 COMMERCE STREE	ET, SUITE 140	
		Address	U 800 U
	LAKE MARY, FLORIDA	32746	
		City/State and Zip Code	
	TYLER.BENZEL@YAHO		
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
TYLER BENZEL		352 267-8496	
Name o	f Person	at () Area Code Daytime	Telephone Number
m 1 1: 1 10 d	C II		
Enclosed is a check for the	_		7 *<> <> <> <> <> <> <> <> <> <> <> <> <> <
\$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)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARKET CITY REALTY LLC		
(<u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability (Company were filed on AUGUST 29TH, 2017	and assigned
Florida document number L17000185000	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
DIX REALTORS LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		The wife
		# F
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		67 67
		3
		<u> </u>
B. If amending the registered agent and/or regis	stered office address on our records, enter	the name of the n
registered agent and/or the new registered office add	iress here:	1, 211 .
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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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ective date, if other than the date of factive date is listed, the date must be specificate. If the date inserted in this block does returned a seffective date on the Department.	c and cannot be prior t not meet the applica	ble statutory filing r	equirements, this date will	rsuant to 6 not be li	05.02 sted
record specifies a delayed effective The 90th day after the record is fil	ve date, but not led.	an effective tim	ne, at 12:01 a.m. on	the ear	lier
DECEMBER I	2017				
1	_				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00