

Aug 22, 2018 12:52 PM

L18000156984

Florida Department of State  
Division of Corporations  
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2018 AUG 22 AM 9:06

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CELESTIALGYPSY, LLC

Certificate of Status	0
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Page Count	04
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T. CLINE

AUG 23 2018

EXAMINER



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2018 AUG 22 PM 3:20

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CELESTIALGYPSY, LLC

(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 June 27, 2018 and assigned  
Florida document number L18000156984

This amendment is submitted to amend the following:

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

SLAY ON DIXIE, LLC

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)

400 CLEMATIS STREET, SUITE 205

WEST PALM BEACH, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 CLEMATIS STREET, SUITE 205

WEST PALM BEACH, FL 33401

**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:

New Registered Office Address:

Enter Florida street address

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

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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>
MGR	CELESTE SALAS	1515 N. FLAGLER DR. #220 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROCCO MANGEL	400 CLERMATIS ST. #205 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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