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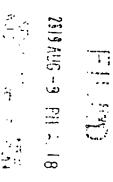
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT:	1020 N.	DIXIE LLC nited Liability Company	
		Name of Lin	nited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		KEI	VIN TOMNSTON Name of Person	
			20 N. DIXIE Firm/Company	LLC
		2:	331 N.E. 267h Address	, <u>ot.</u>
			LAUDERDALE F. City/State and Zip Code ,	
		PALH 1 E-mail address: (140 BELLSOUTH. to be used for future annual report not	NET illection)
For furt	ner information co	ncerning this matter, please ca		
	KEVIN Name of	JOHNSTON Person	at (<u>954</u>) <u>205</u> Area Code Daytin	- 2462 ne Telephone Number
Enclosed	l 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

1020 DIXIE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 67/18/19	and assigned
Florida document number <u>L 19000185125</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
1020 N. DIXIE LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2600 N. DIXIE +11	GHWAY
	2600 N. DIXIE +110 WILTON MANORS 1	= 33334
	,	
Enter new mailing address, if applicable:		··
(Mailing address MAY BE A POST OFFICE BOX)	P.D. BOX 1035	
	DEERFIELD BEACH,	FL 33443
D. If and the state of the stat	<u>.</u>	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	uce address on our records, enter t	he name of the new
		6
Name of New Registered Agent:		P. P.
New Registered Office Address:		, ·
	Enter Florida street address	is c
	, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			☐ Change
			Add
		Remove	
			☐ Change
			□ Add
			☐ Remove
			Change
		□ Remove	
		Change	
		Add	
		□ Remove	
		☐ Change	
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (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 605.0207 (3: 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.
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 August 5th. 2019.
Dated Ougust 5 th . 2019 . Signature of a member or authorized representative of a member
YEUIN JOHNSTON Typed or printed name of signee

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Filing Fee: \$25.00