## L19000202622

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## **COVER LETTER**

TO: Registration Section Division of Corpora					
SUBJECT:	DIXON DE	SI6N, LUC	<del></del>		
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.			
Please return all corresponder	nce concerning this matter	to the following:			
-		Robert Finnerty Name of Person			
	DIXON	DESIGN STUDIO, UC Firm/Company Lypolita Street			
	62 +	typolita Street Address		19 AUG 1	DIAISIAIC E HOISIAIC
	ST. A	City/State and Zip Code	084	5 P# 6	SECHETARY OF STA
_	E-mail address: (	to be used for future annual report notific	ation)	6: 03	ATICS MAIS
For further information conce	erning this matter, please ca	all:			,
20bert Name of Per	Finnerty]	at (904) Daytime	7- [8] Telephone Number		
Enclosed is a check for the for	ollowing 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
Florida document number <u>L19000 20 26 2 2</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
DINON DECIMAL STUDIO, 1110
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)
· ·
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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
, Florida
· · · · · · · · · · · · · · · · · · ·
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

If Changing Registered Agent, Signature of New Registered Agent

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.

	)	
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Affective date, if other than the date of filing: MbVF 8, 2019 (optional) 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date was comment's effective date on the Department of State's records.	Pursuant to 605.0 vill not be listed	)207 d as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o The 90th day after the record is filed.		
The sounday after the record is filed.	19 A	· · · · · · · · · · · · · · · · · · ·
pated AUBUST 15 , 2019.	AUG	2
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Signature at a member or authorized reassociative of a mamber		
Signature of a prember or authorized representative of a member	6: 03	احد

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Filing Fee: \$25.00