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DATE: 6/19/20

NAME: DICKSON REALTY LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CUDICCT.	Dickson Re	ealty LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Gabriela Arias				
			Name of Person			
		ZenBusiness PBC				
			Firm/Company			
		702 San Antonio St 4th Flo	оог			
			Address			
		Austin, TX 78701				
			City/State and Zip Code	·		
		fulfillment@zenbusiness.co				
		E-mail address: (to be used for future annual report no	otification)		
For further in	nformation c	oncerning this matter, please ca	all:			
Gabriela Ar	ias		512 237-7349 at () Dayti			
	Name o	f Person	Arca Code Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 I	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)		
Ma Do	iling Addres	<u>s:</u> Sortion	Street Address:	nation		
Registration Section Division of Corporations		Registration S Division of Co				
). Box 632			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dickson Realty LLC

re filed on <u>02/18/2020</u>	a	.nd assi	gned
company here:			
ompany," the designation "LLC" or	the abbrevia	tion "L.L	C."
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lress, I hereby confirm that th	ie limited	liabilit	y
	Enter Florida street address City to act in this capacity. I furthe rformance of my duties, and I vided for in Chapter 605, F.S.	Enter Florida street address City To act in this capacity. I further agree to rformance of my duties, and I am familivided for in Chapter 605, F.S. Or, if this	Enter Florida street address Florida

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

Title	<u>Name</u>	Address	Type of Action
			□Add
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo-document's effective date on the De	be specific and cannot be p ck does not meet the app	mor to date of filing of plicable statutory f	(optional r more than 90 days after filin ling requirements, this dat	g.) Pursuant to 605,0207
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June 19th	2020	·		
	Suzanne Vi ignature de member or a	N Dickson		
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2	ignature via member or a	amormou representa		

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