## L20 000221331

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 37. S. Dixie, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth J. Buskirk Name of Person
37 S. Dixie, LLC Firm/Company
37 S. Dixie Highway
St. Augustine, FL 32086 City/State and Zip Code
jeanniela moultrie montessori, corre E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Buskirk at (352) 317-7528  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

37 S Dixie	LLC		
( <u>Name of the Limited</u> (A	<u>Liability Compar</u> Florida Limited L	ny as it now appears on our record ability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liab Florida document number	ility Company		
This amendment is submitted to amend the follows	ing:		23
A. If amending name, enter the new name of th	e limited liabi	lity company here:	3 5
			1:0
N A  The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		37 S. Dixie Hi	ahway
(Principal office address MUST BE A STREET A	(DDRESS)	ST. Augustin	ghway 1e, Fl 32084
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	37 S. Dixie H St. Augusti	fighway ne, FL 32084
B. If amending the registered agent and/or registered office address h	stered office a ere:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
		Enter Florida street address	5
_		, Flo	orida
		City	Prida Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper accept the obligations of my position as register	nd complete p	performance of my duties, an	ed I am familiar with and

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.

N A

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>	Name	Address	Type of Action
MGR	Pharies, Stefan H.	treiestrasse 182	□Add
		ZURICH, ZU 8032 CH	DRRemove
			□ Change
MGR	Carter, Alice H.	208 Argonaut	□Add
		st. Augustine, 72320	Remove 7
MGR	Pharies, Hilary H	133 Monte Carlo Ct. St. Augustine, 763=	
		St. Augustine, 7635	LOS# DRemove
			Change
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an effective date is liste ote: If the date inser	er than the date of filing: 7 37 202 is, the date must be specific and cannot be prior to date of filing ted in this block does not meet the applicable statutory at ate on the Department of State's records.	or more than 90 days after filing ) Pursuant to 605 020
record specifies a del is filed.	ayed effective date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after the
ited <u>Mov</u>	20,2020.	
Elij	20, 2020,  aleth J. Buskirk  Signature of a member or authorized representa	ative of a member
	-	

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