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From:

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Account Number : I20000000130 Phone

: (561)864-51<del>0</del>0

Fax Number : (561)864-5101

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

mizzo@baritzcolman.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIXIE HIGHWAY COMMERCE CENTER LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dixle Highway Commerce Center LL	.c				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<del> </del>			
he Articles of Organization for this Limited Liability Company were filed on01/26/2021 and assigned					
Florida document numberL21000048822					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or	the abbreviations"L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
		3 /			
	DOO NE OET Avenue	OF S			
Enter new mailing address, if applicable:	280 NE 2nd Avenue				
(Mailing address MAY BE A POST OFFICE BOX)	Delray Beach, FL 33444	<u> </u>			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registere			
Name of New Registered Agent:					
New Registered Office Address:	_				
New Registered Office Address.	Enter Florida street address				
	, Florid	laZip Code			
	Clty	Zip Code			
New Registered Agent's Signature, if changing Registered Agent;					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my auties, and I provided for in Chapter 605, F.S	. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

\_ Change

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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
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			□Remove
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te am a secondaria da	e, if other than the	er ha enacific and	l cannot ha prior t	to date of filing o	more than 90 day	(optional) s after filing.) Pur	suant to 605.0	0207
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	lies a delayed effecti	/c date, but not	an effective til	me, at 12:01 a.r	n. on the earlier	of: (b) The 90	ih day after	the
ne record speci- ord is filled.			2021					
ord is filed.	February 10		2021	<del>_</del> ·				
ord is filed.	February 10			 5. Pechter	ive of a member			

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