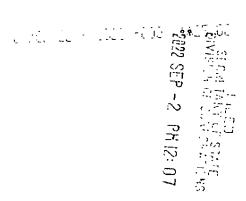
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SUBJECT:	DIXON FRANCHI	SES LLC	
	Name of Limited	Liability Company	<u> </u>
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The enclosed Articles of	f Amendment and fee(s) are submitt	ed for filing.	
Please return all corresp	ondence concerning this matter to the	he following:	
	James Dix	ON	
	*	Name of Person	
		Firm/Company	
	9127 SW 41St	Street Apt 102	9)755 2022 S
		Address	017816777 2022 SEP
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•	E-mail address: (to b	e used for future annual report notifica	# (C 232); F# 12: 07
For further information (concerning this matter, please call:		7
<u>James</u>		at (305) <u>609 - 6</u>	740
Name	of Person	Area Code Daytime T	elephone Number
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inclosed is a check for	ifie lollowing amount:	e di englacifica de altra di entre e e	
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	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & ' Certified Copy
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Mailing Addre	* \$\	Street Address:	
Registration		Registration Secti	on
Division of (Division of Corpo	orations
P.O. Box 63:		The Centre of Tal	
Tallahassee.	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIXON Franchises LL

(Name of the Limited) (A	Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L22000</u> 2	
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of the Minimalist Decor LL The new name must be distinguishable and contain the word	le limited liability company here: S"Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	202
(Principal office address MUST BE A STREET)	S4 - C10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2 PH 12: 07
agent and/or the new registered office address b	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	Jamella Sprott
New Registered Office Address:	9127 SW 41St Street apt 102 and Enter Florida street address
end shires at each nerson being adden	HIVAMAY: 101-10 agassis of biris Florida 33025
N. W. C. and A. W. Charleson, Makes at a Dec	interned Agents

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
EO_	Jamelia Sprott	9127 SW 418 Street Apt	102 Kadd
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ive date, if other than the date fective date is listed, the date must be so afficient is effective date in this block dent's effective date on the Department's effective date on the Department is effective.	loes not meet the applicable	late of filing or more than 9	ments, this date wil	rsuant to 605.0
rd specifies a delayed effective dat led.	e, but not an effective time	, at 12:01 a.m. on the ea	rlier of: (b) The 90)th day after t
August 20	<u>2022</u>			' X