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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04/14/23

NAME: DIXON PRESERVE HOLDINGS, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		erve Holdings, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Megan McCulloch		
			Name of Person	
		3 Pillars Law, PLLC		
			Firm/Company	
		706 Wilcox St		
			Address	
		Castle Rock, CO 80104		
			City/State and Zip Code	
		megan@3pillarslaw.com		
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please ca	all:	
Megan McC	Iulloch		at () 284-3850 Area Code Daytime	
	Name o	f Person	Area Code Daytime	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)

MAILING ADDRESS:

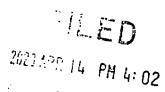
TO:

Registration Section

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



Dixon Preserve Holdings, LLC (Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 10, 2023 _ and assigned Florida document number _______1.23000126837 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 OF FICE 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: Paracorp Incorporated Name of New Registered Agent: 155 Office Plaza 1st Floor New Registered Office Address: Enter Florida street address _. Florida 32301 Zip Code Tallahassee

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.

SEE ATTACHED				
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
MGR	aDoor Capital Partners, LLC	401 E Chase St	Add
		STE 100	
		Pensacola, FL 32502	Change
AMBR	Austin Tenpenny	401 E Chase St	
		STE 100	Remove
		Pensacola, FL 32502	Change
AMBR	Aylstock, PLLC	401 E Chase St	
		STE 100	Remove
		Pensacola, FL 32502	Change
AMBR	JBCW, LLC	401 E Chase St	
		STE 100	= Remove
		Pensacola, FL 32502	☐ Change
			
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Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not	meet the applica	o date of filing or ble statutory fili	op (op) more than 90 days af ng requirements, t	tional) ter filing.) Pursuant his date will not b	to 605.0207 (e listed as tl
the record specifies a delay) The 90th day after the re			an effective	time, at 12:01	a.m. on the (earlier of:
Dated April 12		2023				
Austin Tenpenny						
	Signature of	a member or author	rized representativ	e of a member		_

Page 3 of 3

Filing Fee: \$25.00

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 4/13/2023

ENTITY NAME: Dixen Preserve Holdings, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated