

L23000160651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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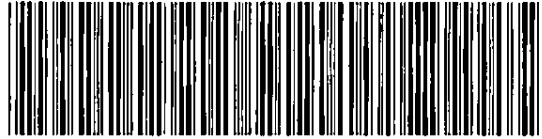
(Business Entity Name)

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DIVISION OF CORPORATIONS
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Y. SCOTT
OCT - 7 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIXON WEDDINGS AND EVENTS, 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:

CASEY DIXON
Name of Person
DIXON WEDDINGS AND EVENTS, LLC
Firm/Company
4898 Tocobaga Ln.
Address
Jacksonville, FL 32225
City/State and Zip Code
Caseymdavis23@gmail.com
E-mail address (to be used for future annual report notification)

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For further information concerning this matter, please call:

Casey Dixon at (904) 525-7191
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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:
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

DIXON WEDDINGS AND EVENTS, LLC

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>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>Melissa Dixon*</u>	<u>4563 Bay Harbour Dr</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL 32225</u>	<input checked="" type="checkbox"/> Remove
		<u>*Incorrect last name</u>	<input checked="" type="checkbox"/> Change
<u>VP</u>	<u>Melissa Davis*</u>	<u>4563 Bay Harbour Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville, FL 32225</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 JAC

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Administrative error
VP Melissa Dixon is incorrect
Correct last name is Davis = VP Melissa Davis

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E. Effective date, if other than the date of filing: 03/30/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9/21/23
Melissa Davis
Signature of a member or authorized representative of a member
Melissa Davis
Typed or printed name of signee