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(F	Requestor's Name)	
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Special Instructions to	Filing Officer:	
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2023 SEP 25 PM 3: OS

Y. SCOTT

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: DIXO	N WEDDINGS AN	UD FLENTS, LLC		
SUBJECT: PTAU		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CASE	Y DIXON Name of Person		
	DIXON WEDDIN	UGS AND EVENTS	LC_	85 01718 2023
	4898 Tocol	Oaga LN. Address		ore lary SEP 25
	Jacksonvil	City/State and Zip Code		PH PH
	E-mail address (Mday 15 23 C. ama	J. Com_	3: 06
For further information c	oncerning this matter, please co	nil:		
CaSci_	DIX ON Person	at (<u>904</u>) <u>525 -</u> Atea Code Daytim	7191 e Telephone Number	
Enclosed is a check for the	he following amount:			
X \$25.00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	(1) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate o Certified Co (additional copy	T Status &
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	etion	
Division of C P.O. Box 632	orporations	Division of Cor The Centre of T	porations	
1 AZ. 1708 MJ4	• •	. He Const Of t		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dunis Marines - - 110

	ND EVENIS, LEL	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000160651</u> .	were filed on 03 30 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
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 OFFICE BOX)		SECRETARY OF STATE NOTE OF CHEPCHATE 2023 SEP 25 PM 3:
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, enter the nam	e of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zin Code

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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
VP_	Melissa Dixon*	4563 Bay Harbour Dr	□Add
		4503 Bay Harbour Dr Jacksonville, FL 32225	NRemove
		*Incorrect last name	Change
VP	Melissa Davis*	4563 Bay Harbour Dr	X IAdd
		Jacksonville, FL 3222	□Remove
			□Change
			DIVISER TARY
			FIN BA
			ਲ ∺ □Remove
			⊡Change
		···	[] Change
			□Add
			□Remove
			□Change

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if nee	cessary.)	
A	dininistrative error		
 -	VP Melissa Dixon is incorrect		
	rect last name is Davis = VP Melisso	Martic	
_C0)	rect last hame is Davis = VP incusso	<u>i Dauis</u>	
			
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(If an effective d <u>Note:</u> If the o	te, if other than the date of filing: 103 30 2023 (option of the date must be specific and cannot be prior to date of filing or more than 90 days after date inserted in this block does not meet the applicable statutory filing requirements, the frective date on the Department of State's records.		
If the record speci record is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (i	b) The 90th day	after the
Dated(Signature of a member of authorized representative of a member	,	_
_	Melissa Davis		_
	Typed or printed name of signee		

Filing Fee: \$25.00