L23000188269

Office Use Only



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COVER LETTER

	Registration S Division of Co			
CHRID	Dixon Inju	ry Law, PLLC		
SUBJEC	<u></u>	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Camerin J. Dixon		
			Name of Person	
		Dixon Injury Law, PLLC		
			Firm/Company	
		P.O. Box 424		
			Address	
		Freeport, Florida 32439		
			City/State and Zip Code	
		camerin@dixoninjuryattom	·	· ·
For furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)	
Camerin		,,	334 797-5506	; .
	Name o	f Person	at () Area Code Daytime Telephone No	ımber 💮 😅
Enclosed	is a check for th	ne following amount:		
≣ \$ 25.0	90 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certadditional copy is enclosed) Certadditional copy is enclosed)	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
-	Mailing Addres		Street Address:	
Registration Section			Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	
	Tallahassee, I		2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dixon Injury Law, PLLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000188269	were filed on 04/17/2023	and assigned
This amendment is submitted to amend the following:		r 1
A. If amending name, enter the new name of the limited liab	ility company here:	: '
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	215 Grand Boulevard	స్త
Principal office address MUST BE A STREET ADDRESS)	Suite 201	7, 2
	Miramar Beach, Florida 32550	
Enter new mailing address, if applicable:	P.O. Box 424	
Mailing address MAY BE A POST OFFICE BOX)	Freeport, FL 32439	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	ī
···	, Fla	rida
	City	Zip 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 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
AMBR	Camerin J. Dixon	215 Grand Boulevard	□ Add
		Suite 201	□Remove
		Miramar Beach, Florida 32550	■Change
			~
			□ Remove
			□Change
			
		-	□ Remove
			□Change
	-		□Add
			□Remove
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moderno deta il attac	than the date of filine date must be specific a	and cannot be prior to dat	e of filing or more than 90 da	(optional) ays after filing.) Pursuant to 605.02
an effective date is listed, the	in this block does not	t meet the applicable s	tatutory filing requiremen	nts, this date will not be listed
an effective date is listed, the other. If the date inserted	on the Department of	f State's records.		
an effective date is listed, the other. If the date inserted	on the Department of	f State's records.		
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an effective date is listed, the lotter. If the date inserted ocument's effective date record specifies a delayer is filed.	ed effective date, but no	oot an effective time, a	t 12:01 a.m. on the earlies	•
an effective date is listed, the oter. If the date inserted ocument's effective date record specifies a delayer is filed.	Signature of	oot an effective time, a		•

Filing Fee: \$25.00