## ND60000008492

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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2016 DEC 19 PH 12: 58

Amend

DEC 20 2016 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section
Division of Corporations ...

| NAME OF CORPORATIO             | DIXIE COMMONS I                                  | PROPERTY OWNE          | RS ASSOCIA         | TION, INC  |   |
|--------------------------------|--|------------------------|--------------------|--|---|
| DOCUMENT NUMBER: _             | N06000008492                                     |                        |                    |  |   |
| The enclosed Articles of Amo   | endment and fee are subm                         | nitted for filing.     |                    |  |   |
| Please return all corresponde  | nce concerning this matter                       | r to the following:    |                    |  |   |
| LEA STOKES                     |  |                        |                    |  |   |
|                                |  | (Name of Contact Pe    | erson)             |  | _ |
| PREFERRED MANAGEMI             | ENT SERVICES                                     |                        |                    |  |   |
|                                |  | (Firm/ Company         | ·)                 | · · · · · · · · · · · · · · · · · · ·                      |   |
| 411 S CENTRAL AVE SUI          | TE B   |                        |                    | <u>:</u>   |   |
|                                |  | (Address)              |                    |  |   |
| FLAGLER BEACH FL 321           | 36   |                        |                    | ·  |   |
|                                | (  | (City/ State and Zip   | Code)              |  | _ |
| ACCOUNTING@PREFER              | REDMANAGEMENTSE                                  | RVICES.NET             |                    |  |   |
| E                              | mail address: (to be used                        | for future annual rep  | ort notification   | 1)   | _ |
| For further information conce  | erning this matter, please o                     | call:                  |                    | ,  |   |
| LEA STOKES                     |  | at                     | 386                | 439-0134   |   |
| (                              | Name of Contact Person)                          |                        |                    | (Daytime Telephone Number)                                 |   |
| Enclosed is a check for the fo | ollowing amount made pay                         | yable to the Florida I | Department of !    | State:   |   |
| ■ \$35 Filing Fee              | □\$43.75 Filing Fee & I<br>Certificate of Status |                        | Certif<br>s Certif | D Filing Fee icate of Status ied Copy tional Copy is esed) |   |

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currer  | itly filed with the Flo       | orida Dept. of State)   |            |               |
|---|-------------------------------|-------------------------|------------|---------------|
| N06000008492  |                               |                         |            |               |
| (Document Numb  | per of Corporation (if        | known)                  |            |               |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:              | es, this <i>Florida Not F</i> | or Profit Corporation   | adopts the | followir      |
| A. If amending name, enter the new name of the corporat   | ion:                          |                         |            |               |
|   |                               | 10 4 11 14              | "C "       | _The ne       |
| name must be distinguishable and contain the word "corpora<br><mark>'Company" or "Co." may not be used in the name</mark> . | tion" or "incorporal          | ed or the abbreviation  | Corp.      | or inc.       |
| B. Enter new principal office address, if applicable:   |                               |                         |            |               |
| Principal office address <u>MUST BE A STREET ADDRESS</u>  | )                             |                         |            |               |
|   |                               |                         |            |               |
|   |                               |                         |            | <del>2</del>  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                     |                               |                         |            | 030           |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                               |                         | 132<br>132 | 5             |
|   |                               |                         | 77.        | PK            |
|   |                               |                         |            | <u></u>       |
| D. If amending the registered agent and/or registered offine new registered agent and/or the new registered office agent.   |                               | a, enter the name of t  | e É        | <u>က</u><br>ဤ |
|   | address:                      |                         | ,          |               |
| Name of New Registered Agent:   |                               |                         |            |               |
|   |                               | Florida street address) | ·          |               |
| New Registered Office Address:  |                               |                         |            |               |
|   |                               | , Florid                | la         |               |
|   | (City)                        | (Zi <sub>I</sub>        | Code)      |               |

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>V</u>     | John Doe<br>Mike Jones<br>Sally Smith | ,                         |
|----------------------------------|--------------|---------------------------------------|---------------------------|
| Type of Action<br>(Check One)    | <u>Title</u> | <u>Name</u>                           | <u>Addres</u> s           |
| 1) Change                        | s            | CHRISTOPHER HINSLEY                   | JONES WALKER LLP          |
| X Add                            |              |                                       | 201 SOUTH BISCAYNE BLVD S |
| Remove                           |              |                                       | MIAMI, FL 33131           |
| 2) Change                        |              |                                       |                           |
| Add                              |              |                                       |                           |
| Remove                           |              |                                       |                           |
| 3) Change                        |              |                                       |                           |
| Add                              |              |                                       |                           |
| Remove                           |              |                                       |                           |
| 4) Change                        |              |                                       |                           |
| Add                              |              |                                       |                           |
| Remove                           |              |                                       |                           |
| 5) Change                        | <u></u>      |                                       |                           |
| Add                              |              |                                       |                           |
| Remove                           |              |                                       |                           |
| 6) Change                        |              |                                       |                           |
| Add                              |              |                                       |                           |
| Remove                           |              |                                       |                           |

| L. If amending or adding additional Arti (attach additional sheets, if necessary). | (Be specific) | <u>re</u> : |             |             |
|--|---------------|-------------|-------------|-------------|
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| The date of each amendment(s) adoption:   | , if other than the            |
|---|--------------------------------|
| date this document was signed.  |                                |
| NOVEMBER 1, 2016 Effective date if applicable:  |                                |
| (no more than 90 days after amendment file date)  |                                |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.   | late will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                                |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.   | ment(s)                        |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/adopted by the board of directors.   | were                           |
| NOVEMBER 1, 2016 Dated  |                                |
| Signature Option  |                                |
| (By the chairman or vice chairman of the board, president or other officer-if dir have not been selected, by an incorporator — if in the hands of a receiver, truste other court appointed fiduciary by that fiduciary) |                                |
| LEA STOKES  |                                |
| (Typed or printed name of person signing)   | <del></del> .                  |
| PROPERTY MANAGER  |                                |
| (Title of person signing)   | <del></del>                    |