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R. WHITE SEP 1 8 2018

COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	ATION: DIXIE 2017 INC		
DOCUMENT NUMB	ER: P17000057663		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LUIS R. SMITH		
	<u> </u>	Name of Contact Person	1
	TAXES USA LLC		
•		Firm/ Company	
	11402 NW 41ST STREET	SUITE 211	
		Address	
	DORAL, FL 33178 		
		City/ State and Zip Cod	e
LM.JE	ESSEL@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LUIS R. SMITH		305 at (470-2429
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	iriment of State;
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Issee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2018 SEP 14 AM 8: 03

to

DIXIE 2017 INC	Ecopa Au a: 03
(Name of Corporation as P17000057663	currently filed with the Florida Dept. of State) F STATE
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpora	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
''	To the street that casy
New Registered Office Address:	(City) , Florida (Zip Code)
	(Eth Code)
New Registered Agent's Signature, if changing Register-	ed Avent
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	
Signature	of New Registered Agent of 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	<u>PT</u>	John Doc		
X Remove	<u>v</u> !	Mike Jones		
_X Add	<u>sv</u> :	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	P	ZUHAIR ALBADRI	927 OLD FEDERAL HWY	
, Add			HALLADANLE BEACH,	
X Remove			FL 33009	
2) Change	P	MARIA THEMIS ZULUAGA	1777 POLK STREET	
X Add			APT 1K	
Remove			HOLLYWOOD, FL 33020	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)	
		· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an ex	hange, reclassification, or cancellation of issued s endment if not contained in the amendment itself:	hares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself.	4

The date of each amendment(s) ac	option:, if other than the
date this document was signed.	
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
☐ The amendment(s) was/were appropriately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
09/06/201	8
DatedSignature 🗴	Mario Luloseo De
selecte	irector president or other officer - if directors or office's have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	MARIA THEMIS ZULUAGA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)