## P17000057663

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Amend

OCT 0 8 2018 I ALBRITTON

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DIXIE 2017 INC		
DOCUMENT NUMB	ER: P1700057663		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LUIS R. SMITH		
-		Name of Contact Persor	1
	TAXES USA LLC		
- -	· - · · -	Firm/ Company	,
•	11402 NW 41ST STREET S	UITE 211	
•		Address	
	DORAL, FL 33178		
•		City/ State and Zip Cod	c
LM.JI	ESSEL@GMAIL.COM		
	<del>-</del>	sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
LUIS R. SMITH		305	470-2429
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
■ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Intent Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DIXIE 2017 INC -	
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P17000057663	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>:</u>
	The new
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," o word "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TI CT-5
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent.	
Name of New Registered Agent	
(Floride	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	gent: iar with and accept the obligations of the position.
	ew 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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doc	
X Remove	<u>V</u> <u>N</u>	Aike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	MARIA THEMIS ZULOAGA	1777 POLK STREET APT 1K
Add			HOLLYWOOD, FL 33020
Remove			
2) Change			
Add			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng or adding additional A	rticles, enter chan	ge(s) here:		
Attach ada	litional sheets, if necessary	). (Be specific)			
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<u>f an ame</u>	ndment provides for an ex is for implementing the ar	<u>cchange, reclassifi</u> mondmont if not o	cation, or cancel	lation of issued sh	ares,
if ne	ns tor timplementing the all of applicable, indicate N/A)	inendiment if not co	omtained in the a	menument usen.	
•	••				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
tvoting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
09/20/2018	
Signature / Maria Juloagal.	
(By a directur, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MARIA T. ZULOAGA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	