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(City/State/Zip/Phone #)

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Y SULKER

AUG 05 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: McDirmit Davis, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Troy Olson

Name of Person

McDirmit Davis, LLC

Firm/Company

934 North Magnolia Ave. Suite 100

Address

Orlando, FL 32803

City/State and Zip Code

tolson@mcdirmitdavis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy Olson

407

843-5406

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

McDirmit Davis, LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Troy Olson	934 N. Magnolia Ave, Suite 100 Orlando, FL 32803	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria Novotny	934 N. Magnolia Ave, Suite 100 Orlando, FL 32803	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

Filing Fee: \$25.00