

LO700D101191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

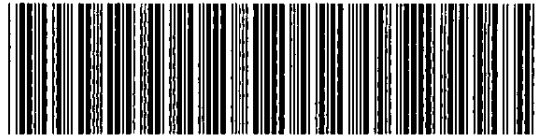
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DB

Office Use Only



900112343839

11/19/07--01033--017 **55.00

FILED
07 NOV 19 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIGNITARY SERVICES 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:

DONALD E. MCWAIB
(Name of Person)

DIGNITARY SERVICES LLC
(Firm/Company)

3395 PONY RUN
(Address)

WELLINGTON FL. 33449
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV 19 PM 4:32

FILED

For further information concerning this matter, please call:

ALICIA C. MCWAIB
(Name of Person)

at (561) 784-5484
(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DIGNITARY SERVICES LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on OCTOBER 3, 2007 and assigned document number L07000101191.

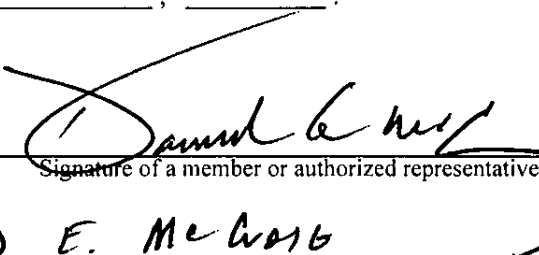
SECOND: This amendment is submitted to amend the following:

ADD:

ARTICLE V DONALD E. McCUMB TITLE: MGR
3395 Pony RUN
WELINGTON FL. 33449

FILED
07 NOV 19 PM 4:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated 11/01/07


Signature of a member or authorized representative of a member

DONALD E. McCUMB

Typed or printed name of signee

Filing Fee: \$25.00