

L08000030161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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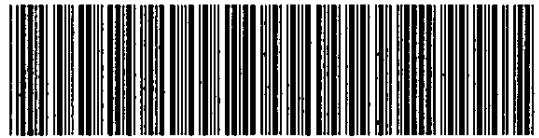
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 15 PM 3:08

T. HAMPTON

MAR 18 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mu and Dowdel, PLLC  
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:

Terrence

Name of Person

The Dowdel Law Firm

Firm/Company

PO Box 781847

Address

Orlando, FL 32878

City/State and Zip Code

tdowdel@hotmail.com

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

For further information concerning this matter, please call:

Terrence Dowdel

Name of Person

at ( 321 )

281-9497

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Mucario & Dowdel, PLLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                             | <u>Type of Action</u>  |
|--------------|-----------------|--|--|
| MGRM         | Melanie Mucario | 1732 N. Shore Terrace<br>Orlando, FL 32804 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated March 10, 2010.



Signature of a member or authorized representative of a member

Terrence L. Dowdel

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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