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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE FL 90501

APR 02 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **DALO PROPERTIES 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:

HARVARD D. MCKIBBIN

Name of Person

DALO PROPERTIES LLC

Firm/Company

13970 S US HWY 441

Address

MICANOPY, FL 32667

City/State and Zip Code

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

For further information concerning this matter, please call:

HARVARD D. MCKIBBIN

Name of Person

at **352**

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

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DALO PROPERTIES LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added 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	HARVARD D. MCKIBBIN	13970 S. US HWY 441	<input checked="" type="checkbox"/> Add
		MICANOPY, FL 32667	<input type="checkbox"/> Remove
MGR	LONIE A. CARPENTER	13970 S. US HWY 441	<input checked="" type="checkbox"/> Add
		MICANOPY, FL 32667	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

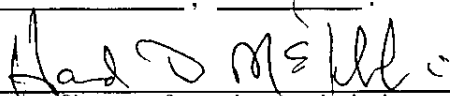
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **FEBRUARY 21**, **2014**



Signature of a member or authorized representative of a member

HARVARD C. MCKIBBIN

Typed or printed name of signee

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Filing Fee: \$25.00

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