L13000098769

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(Document	Number)
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SECRETARY OF STATE

JUL 16 2013 J. BRYAN

COVER LETTER

TQ:

Registration Section.
Division of Corporations

SUBJECT:

Dennison Enterprises, 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:

Denise Dennison

Name of Person

Dennison Enterprises, LLC

Firm/Company

1415 Rivage circle

Address

Brandon, FI 33511

City/State and Zip Code

Dennden05@gmail.com

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

For further information concerning this matter, please call:

Steven Dennison

813 409-9002

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)

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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**

DENNISON ENTERPRISES LLC

•	Т	AMENDMENT O	our records.)
ART.		ORGANIZATION OF	THE STATE OF THE S
DENNISO	N ENTERPRI	SES LLC	The second
(Name of the Limited (A	Liability Compa A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited L	iability Company	y were filed on July 11	, 2013 and assigned
Florida document number <u>L13000098769</u>	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited lial	bility company here:	
N/A			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Company,"	he designation "LLC" or the abbreviation
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	,
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered o			ecords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter F	orida street address
			, Florida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Denise Dennison	1415 Rivage circle	Add
		Brandon, FI 33511	Remove
MGR	Arthur Huftalen	4093 Rockwell Avenue	Add
		Horseheads, NY 14845	Remove
			Add
		T SEC	Remove
		AASSEE.	
		FLUA	Remove
			Add
			Remove
			Add
			Remove

ed 7 12 13 Signature of a member or authorized representative of a member	II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•	
Signature of a member or authorized representative of a member	d'	7/12/13/
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member
Typed or printed name of signee		<u> </u>

Page 3 of 3

Filing Fee: \$25.00

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