

W4000075702

(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:

Office Use Only



700262100407

07/11/14--01003--014 \*\*25.00

FILED  
2014 JUL 11 PM 12:58  
CLERK OF STATE  
TALLAHASSEE FLORIDA

JUL 15 2014  
D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Dog Gone Mad, 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:

**David J. Labovitz**

Name of Person

**Labovitz Law Firm, P.A.**

Firm/Company

**545 Delaney Ave., Suite 4**

Address

**Orlando, FL 32801**

City/State and Zip Code

**david@labolaw.com**

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

For further information concerning this matter, please call:

**David J. Labovitz**

Name of Person

at **(407) 970-8633**

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

FILED  
2014 JUL 11 PM 12:58  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS



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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 JUL 11 PM 12:58  
 FILED  
 CLERK OF SUPERIOR COURT  
 DISTRICT OF COLUMBIA

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

---

---

---

---

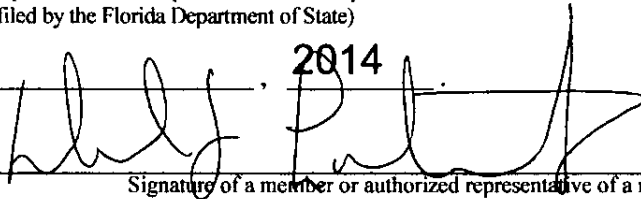
---

**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 **July 7**

**2014**



Signature of a member or authorized representative of a member

**David J. Labovitz, Esq.**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2014 JUL 11 PM 12:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA