

L17600189653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

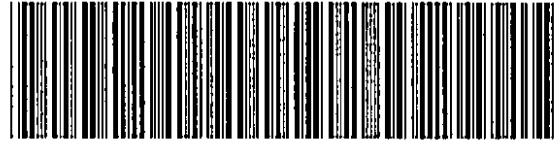
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
CLERK OF COURT

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US  
8/4/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dory Faxon Realty, 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:

Dorthea Faxon

Name of Person

Firm/Company

11538 Green Bayberry Drive

Address

Palm Beach Gardens FL, 33418

City/State and Zip Code

doryfaxon70@gmail.com

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

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Dorthea Faxon

401

965 - 7530

at ( )

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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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
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U.S. DEPARTMENT OF JUSTICE

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 1, 2021

Dorthea Exon  
Signature of a member or authorized representative of a member

DORRHEA FAXON  
Typed or printed name of signer

**Filing Fee: \$25.00**