L18000064010

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	(Requestor's Name)
	(Address)
	(Address)
-	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
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U6/02/20--010U6--008 **√5.08

Amend

JUN 1 9 ZOZO I ALBRITTON

COVER LETTER

TO: Registration So Division of Cor			
DAGWOO	DD'S LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returnall correspo	ondence concerning this matter	to the following:	
	GARY D. GRADY, JR.		
ļ		Name of Person	
	DAGWOOD'S LLC		
ļ		Firm/Company	
	112 REID AVENUE		
	PORT SAINT JOE, FL 324	Address 156	
	jrgrady1@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	concerning this matter, please ca	ıli.	
JR Grady		216 410-0701	
Name o	of Person		e Telephone Number
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAGWOOD'S LLC		
(<u>Name of the</u>	Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limi Florida document number <u>L1800006401</u>	ited Liability Company were filed on 03/09	9/2018 and assigned
This amendment is submitted to amend th	c following:	
A. If amending name, enter the new na	ume of the limited liability company here	:
The new name must be distinguishable and contain	n the words "Limited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if a	ipplicable:	
(Principal office address MUST BE A S	UREET ADDRESS)	
	,	20
Enter new mailing address, if applicabl		12
(Mailing address MAY BE A POST OF I	ACE BOX)	=
ļ		0:11:0:
B. If amending the registered agent registered agent and/or the new registe	and/or registered office address on o red office address here:	0
Name of New Registered Agent		
New Registered Office Address:		
		i street address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if chan	ging Registered Agent:	
I hereby accept the appointment as reg	istered agent and agree to act in this cap	pacity. I further agree to comply with t
provisio <mark>ris</mark> of all statutes relative to the	proper and complete performance of my	v duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	<u>Name</u>	Address	Type of Action
R	ALEXANDER J. CATO	112 REID AVENUE	
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	10/29/2019		
tive date, if other than the d		adate of tiling or more than	(optional) 90 days after filing.) Pursuant to 605
: If the date inserted in this bloc ment's effective date on the Dep	k does not meet the applicat	ble statutory filing requir	ements, this date will not be liste
ecord specifies a delayed e 9 0th day after the reco		an effective time, a	at 12:01 a.m. on the earlie
, 'October 29	2019		
d		<u>.</u> ·	
	009		
	feature of a member or author	ized representative of a me	nber
GARY D. GRADY, JR			

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Filing Fee: \$25.00