

L18 000064010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

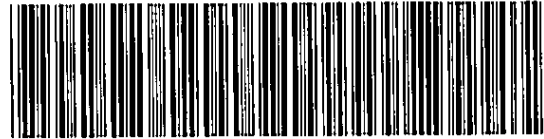
(Business Entity Name)

(Document Number)

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2020 JUN -2 AM 10:09

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*Amend*

JUN 19 2020

1 ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DAGWOOD'S 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:

GARY D. GRADY, JR.

\_\_\_\_\_  
Name of Person

DAGWOOD'S LLC

\_\_\_\_\_  
Firm/Company

112 REID AVENUE

\_\_\_\_\_  
Address

PORT SAINT JOE, FL 32456

\_\_\_\_\_  
City/State and Zip Code

jrgady1@yahoo.com

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

For further information concerning this matter, please call:

JR Grady

216 410-0701  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## DAGWOOD'S LLC

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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>
AMBR	ALEXANDER J. CATO	112 REID AVENUE	<input type="checkbox"/> Add
		PORT SAINT JOE, FL	<input checked="" type="checkbox"/> Remove
		32456	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 29 2019

GARY D. GRADY, JR.

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**Filing Fee: \$25.00**