

L18 000 236 204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 30 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

FEB 25 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dix and Cain 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:

Bruce Cainion

Name of Person

Dix and Cain Enterprises, LLC

Firm/Company

6322 25 Street South

Address

St. Petersburg, Fl 33712

City/State and Zip Code

bruce_cainion@yahoo.com

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

For further information concerning this matter, please call:

Bruce Cainion

727 768-1517
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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>
Mgr	Dixon, Marcus	604 12 Avenue South, St. Petersburg, FL 33701	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE
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SEE FL

2020 JAN 30 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2020 JAN 30 AM 7:37
SECRETARY'S DATE
TALLA, ROSEFF, PL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 27, 2020

Signature of a member or authorized representative of a member

Bruce O. Cainion

Typed or printed name of signee