

L19000093253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

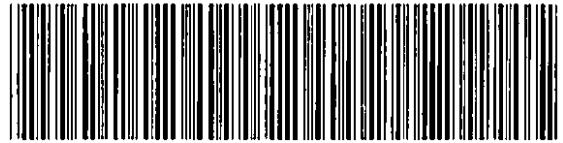
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24 OCT 21 11:11
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/21/24 BY 60322

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dionisio NP 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:

Cathy Dionisio
Name of Person

Cathy's Homemade
Firm/Company

5844 NW Dill Ct
Address

Port St. Lucie FL 34986
City/State and Zip Code

cathyshomemadepieking@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Dionisio at (772) 696-4192
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
Already paid
- ☐ \$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 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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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24 OCT 21 11:10 AM
FBI - JEFFERSON