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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DENNISON LEGACY 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:

Scott Dennison

Name of Person

Firm/Company

8461 Cobblestone Drive

Address

Fort Pierce, Florida 34945

City/State and Zip Code

scottdennison23@gmail.com

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

For further information concerning this matter, please call:

Scott Dennison

Name of Person

at (772)

Area Code

486-5570

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

## DENNISON LEGACY LLC

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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

Title	Name	Address	Type of Action
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Scenario	Initial State	Operation	Final State
Scenario 1	Initial State	Add	State 1
	State 1	Remove	State 2
	State 2	Change	State 3
Scenario 2	Initial State	Add	State 4
	State 4	Remove	State 5
	State 5	Change	State 6
Scenario 3	Initial State	Add	State 7
	State 7	Remove	State 8
	State 8	Change	State 9
Scenario 4	Initial State	Add	State 10
	State 10	Remove	State 11
	State 11	Change	State 12
Scenario 5	Initial State	Add	State 13
	State 13	Remove	State 14
	State 14	Change	State 15
Scenario 6	Initial State	Add	State 16
	State 16	Remove	State 17
	State 17	Change	State 18

[illegible]

(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), **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 \_\_\_\_\_, \_\_\_\_\_.

Typed or printed name of signee

**(772) 486-5570**

**8461 Cobblestone Drive Fort Pierce FL, 34945**