

Request Number		1 - DOR
B/A	X	B/T
Date	10/1/2024	

(Approval Pursuant to Section 195.087(2)F.S.)

Excess Fees Use Only	
Original Excess Fees Estimate	\$ _____
Current Excess Fees Estimate	\$ _____
Amount of this Amendment	\$ _____
Remaining Excess Fees	\$ _____