

LO8000023217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

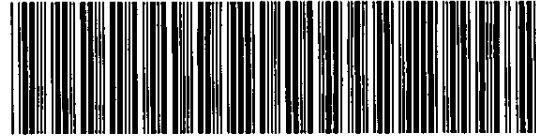
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN -2 PM 3:45

JUN 05 2014  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5 D RECORDS, 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:

KENNETH CRAWLEY  
Name of Person

5 D RECORDS, LLC  
Firm/Company

1762 BRIAR CREEK LANE  
Address

SARASOTA, FL 34235  
City/State and Zip Code

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

For further information concerning this matter, please call:

KENNETH CRAWLEY at (941) 993-4160  
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

5 D RECORDS, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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AMBR	DARLENE SHEPHERD	1762 BRIAR CREEK LANE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34235	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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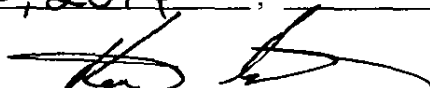
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 30, 2014



Signature of a member or authorized representative of a member

KENNETH CRAWLEY

Typed or printed name of signee