

L14000156224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

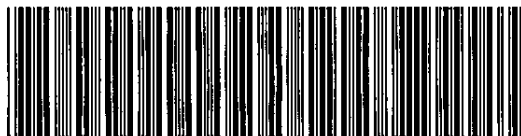
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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N. Guzman DEC 1 - 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DGC Homes 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:

Lisa Green

Name of Person

DGC Homes LLC

Firm/Company

1604 Arcadia Drive, Unit 315

Address

Jacksonville, Fl. 32207

City/State and Zip Code

donkeybaby1@hotmail.com

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

For further information concerning this matter, please call:

Bobby Green

904 6250880

Name of Person

at ( )

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

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**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

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>
MGR	Douglas Green	234 Beall Avenue North, Jacksonville, FL :	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Bobby Green	1604 Arcadia Drive, Unit 315, Jacksonville	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Lisa Green	1604 Arcadia Drive, Unit 315, Jacksonville	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Lisa Green owes 60% of the Business

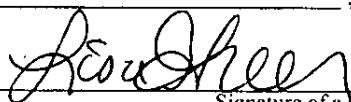
Douglas Green 20% of the Business

Bobby Green 20% Business

**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 November 12, 2014



Signature of a member or authorized representative of a member

Lisa Green

Typed or printed name of signee

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Filing Fee: \$25.00

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