

U4000154341

(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:

Office Use Only



400266169424

11/07/14--01006--004 \*\*25.00

FILED

2014 NOV -7 PM 4:19

CLERK OF STATE  
PALM BEACH COUNTY, FLORIDA

NOV 10 2014  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DCM Holdings 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:

LARRY Serur  
Name of Person  
LARRY Serur CPA PA  
Firm/Company  
20233 St Ro 7 #300  
Address  
Soca Baton FL 33483  
City/State and Zip Code  
LARRY @ LARRY.SERUR.CPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY Serur at (904) 745-8509  
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

FILED  
2014 NOV - 7 PM 4:54  
TALLAHASSEE, FLORIDA

Dem HOLDINGS LHC

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	Dionel CASTILLO	9936 NW 10 <sup>TH</sup> TERRACE	<input type="checkbox"/> Add
		MIAMI FL 33172	<input checked="" type="checkbox"/> Remove
AMBR	Dionel CASTILLO	9936 NW 10 <sup>TH</sup> TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33172	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2014 NOV - 6 PM 4:19  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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

---

---

---

---

---

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 11-3, 2014

Joel Castillo

Signature of a member or authorized representative of a member

Daniel Castillo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2014 NOV - 7 PM 4:19  
CLERK OF STATE  
TALLAHASSEE FLORIDA