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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

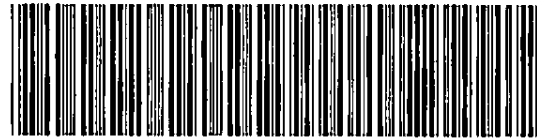
(Business Entity Name)

(Document Number)

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NOV 01 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DCC SINCLAIR, 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:

DAVE SINCLAIR  
Name of Person

DCC SINCLAIR, LLC  
Firm/Company

11451 NW 23 STREET  
Address

PLANTATION, FL 33323  
City/State and Zip Code

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

For further information concerning this matter, please call:

DAVE SINCLAIR at (954) 448 1248  
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

DCC SINCLAIR, LLC

The Articles of Organization for this Limited Liability Company were filed on 12/13/2014 and assigned Florida document number L 14 000 1902 33

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAVE C SINCLAIR	11451 NW 23 ST	<input type="checkbox"/> Add
		PLANTATION, FL 33323	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CARDIA D SINCLAIR	11451 NW 23 ST	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33323	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**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 10/25/17  
(OCTOBER 25, 2017) x Dave C  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
DAVE C SINCLAIR  
\_\_\_\_\_  
Typed or printed name of signee

2017 OCT 30 11:02