

L15000128880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

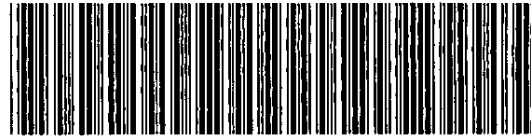
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800297128848

06/06/17--01024--002 **25.00

FILED
17 JUN -6 AM 7:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D6 Team 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:

Jose L Perez
Name of Person

D6 Team LLC
Firm/Company

17707 NW Miami Ct., #101
Address

Miami, FL 33169
City/State and Zip Code

Joeteam@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose L Perez at (305) 690-9998
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

D6 Team LLC

Page 1 of 3

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	Lessage, Denis	17707 NW Miami Ct. #101	<input type="checkbox"/> Add
		Miami, FL 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Playground Investment/ Land Trust of FL	17707 NW Miami Ct. #101	<input checked="" type="checkbox"/> Add
		Miami, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Grant, Ryan O'neil	17707 NW Miami Ct.	<input type="checkbox"/> Add
		Miami, FL 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUN -6 AM 7:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN -6 AM 7:25
SECRETARY OF STATE
THE CAHNSSET, FLORIDA

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 May 19

~~Signature of a member or authorized representative of a member~~

Jose V Perez
Typed or printed name of signee