

Division of Corporations

Page 1 of 2

LLC 0000 57 FSC

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000101916 3)))



H160001019163ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2C010000062

Phone : (323) 962-4600

Fax Number : (323) 962-3689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FILED
16 APR 25 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**RECEIVED
2016 APR 25 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
D&P BRAND DISTRIBUTORS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

04/22/2016 16:41 2395731605

OMAX0647

PAGE 01

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: D&P BRAND DISTRIBUTORS, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd., 10th Flr.

Address

Glendale, CA 91203

City/State and Zip Code

davedbrand@aol.com

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

For further information concerning this matter, please call:

Imelda Vasquez

at (323) 962-8600 ext 7950

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

PAGE 02

04/22/2016 16:41 2395731685

OMAX0647

PAGE 03

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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

04/22/2016 16:41 2395731605

QMAX0647

PAGE 04

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

Article IV. Please update AMBR David Brand's address to:

3032 SE Santa Barbara Pl. #4, Cape Coral, Cape Coral, FL 33904

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 April 22, 2015



Signature of a member or authorized representative of a member

David Brand

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
16 APR 25 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA